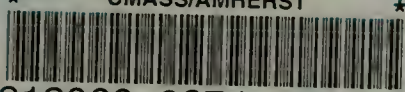


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Department of
Education

RESEARCH DOCUMENTS
COLLECTION

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MASSACHUSETTS
DEPARTMENT OF
EDUCATION

1995 SUMMER FOOD SERVICE PROGRAM FOR CHILDREN

REFERENCE MANUAL



MAY, 1995

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The Commonwealth of Massachusetts Department of Education

350 Main Street, Malden, Massachusetts 02148

(617) 388-3300

May 1, 1995

Dear Summer Food Service Program Sponsors:

This Reference Manual has been developed by the staff of the Massachusetts Department of Education's Nutrition Programs and Services cluster as a training aid for all agencies which participate or plan to participate in the Summer Food Service Program for Children. It is intended to supplement the U.S.D.A. Handbooks and is the basis for sponsor training conducted by this Department. Sponsors are encouraged to use and/or reproduce any part of the Reference Manual in providing training for their own program staff.

The Summer Food Service Program Reference Manual consists of seven sections: Program Administration, Sponsor Eligibility Guidelines, Site Eligibility Guidelines, Sponsor Responsibilities, Site Responsibilities, Reimbursement, and Mandated Documents. Each section includes specific information regarding various program requirements and regulations in an easy-to-follow format. It is our aim to provide the high-quality training and support vital to making participation in the Summer Food Service Program for Children a positive experience for all sponsors.

I look forward to our work together to make nutritious meals available and accessible to the needy children of Massachusetts during the summer months when meals might otherwise be unavailable.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert V. Antonucci".

Robert V. Antonucci
Commissioner of Education

Attachment

**MASSACHUSETTS DEPARTMENT OF EDUCATION
NUTRITION PROGRAMS AND SERVICES**

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REFERENCE MANUAL
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PROGRAM ADMINISTRATION

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SUMMER FOOD SERVICE PROGRAM FOR CHILDREN

**UNITED STATES
DEPARTMENT OF AGRICULTURE**
Food and Nutrition Service

**MASSACHUSETTS
DEPARTMENT OF EDUCATION**
Nutrition Programs and Services
Special Nutrition Programs

SPONSORING ORGANIZATIONS

SITES

DEPARTMENT OF EDUCATION STAFF

NUTRITION PROGRAMS AND SERVICES

SPECIAL NUTRITION PROGRAMS

**DONNA HOOPER
MARY ANNE GILBERT
PAT HOWARD
ANNE MARIE MCDONALD
AMY SOCOLOW**

**Program Information, Applications, Agreements
& Regulations, Food Service Operations, Meal
Pattern, Daily Records**

FOOD DISTRIBUTION

Martha Herlihy

Commodity Food Ordering and Information

FINANCIAL MANAGEMENT

**Claim for Reimbursement, Financial
Recordkeeping, Reimbursement Rates, Payment
Inquiries**

NUTRITION PROGRAMS AND SERVICES

**PROGRAM COMPLIANCE & TECHNICAL
ASSISTANCE STAFF**

KATIE MILLETT

BILL CAHILL

SANDRA HOLMES

SUSAN KNOLL

SUMAN LUKE

BEVERLY SULLIVAN

SALLY TULLY

JULIANNA VALCOUR

Definitions of Common Program Terms

Administrative Cost - Cost incurred by sponsors related to planning, organizing and managing a food service under the Summer Food Service Program.

Children - Persons 18 years of age and under or persons over 18 years of age who are determined by a State educational agency or a local public agency of a State to be mentally or physically handicapped and who participate in a public or non-profit private school program established for the mentally/physically handicapped.

Family/Household - A group of related or non related individuals who are not residents of an institution or boarding house but who are living as one economic unit.

Food Service Management Company - Any commercial enterprise or non-profit organization with which a sponsor may contract for preparing unitized meals for use in the program or for managing a sponsor's food service operation. Private non-profit sponsoring organizations may not contract with a for-profit food service management company nor with a school that utilizes a for-profit food service management company.

Operating Cost - The cost of operating a food service under the SFSP. Includes cost of food, labor for preparation and service, nonfood supplies, rental and use allowance for equipment and space for food service.

Private Nonprofit - Tax exempt under the Internal Revenue Code of 1986, as amended.

School Food Authority - The governing body which is responsible for the administration of one or more schools and which has legal authority to operate a lunch program in these schools.

Session - A specified period of time during which an enrolled group of children attend camp.

Site - A physical location where program meals are served to children. A specific location such as a designated area in a park or playground, a class-room, or community center.

Sponsor - Organizations that may administer the SFSP and assume total responsibility (Must meet sponsor eligibility).

State Agency - The Commonwealth of Massachusetts, Department of Education, Nutrition Programs and Services.

SPONSOR ELIGIBILITY GUIDELINES

STANDARD FORM NO. 1
OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

TYPES OF SPONSORING ORGANIZATIONS

PUBLIC SPONSORS

**COUNTY
CITY
TOWN
SCHOOL DISTRICT**

PRIVATE NONPROFIT SPONSORS*

**BOY SCOUTS
GIRL SCOUTS
BOYS & GIRLS CLUBS
YMCA/YWCA
SALVATION ARMY
COMMUNITY ACTION PROGRAMS
CHURCHES**

***Private nonprofit organizations operating a summer program other than a RESIDENTIAL CAMP must meet the special requirements pertaining to private nonprofit organizations as specified in 7 CFR Part 225-SUMMER FOOD SERVICE PROGRAM RULES AND REGULATIONS**

1995 SUMMER FOOD SERVICE PROGRAM FOR CHILDREN

SPONSOR ELIGIBILITY CONDITIONS FOR PRIVATE NONPROFIT ORGANIZATIONS

1. Serve a total of no more than 2,500 children per day and operate no more than 5 urban or 20 rural sites. If an organization is sponsoring both urban and rural sites, there is a maximum of 20 sites, with no more than 5 urban sites.
2. Serve no more than 300 children at any approved meal service at any one site, unless granted a waiver by the State Agency to serve up to 500 children at an approved meal service at a particular site.
3. Use self-preparation facilities to prepare meals, or obtain meals from a public facility such as a school district, public hospital, or state college or university, a school participating in the National School Lunch Program or another private nonprofit organization registered with the state agency.
4. Operate in areas where a school food authority or the local, municipal or county government has not indicated by March 1 that it intends to sponsor the Summer Food Service Program in the current year.
5. Exercise full control and authority over the operation of the program at all sites under their sponsorship.
6. Provide ongoing year-round activities for children or families.
7. Demonstrate that such organizations have adequate management and fiscal capability to operate the Summer Food Service Program.
8. Meet applicable state and local health, safety, and sanitation standards.

SITE ELIGIBILITY GUIDELINES

THE UNIVERSITY OF CHICAGO

LIBRARY

1100 EAST 58TH STREET

CHICAGO, ILL. 60637

TEL: 773-936-5000

FAX: 773-936-5000

WWW.CHICAGO.EDU

CHICAGO, ILL. 60637

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SUMMER FOOD SERVICE PROGRAM 1995
ELIGIBLE AREAS WITHIN COMMUNITIES
(1/95 eligibility)

50% or more of the children enrolled in the schools specifically listed under each community below are eligible for free or reduced price meals during the school year. Meals served to all children at **open/area sites** which are located in these school districts and/or at **open/area sites** which draw their attendance from these school districts are reimbursable under the Summer Food Service Program for Children.

AMHERST

Marks Meadow

BARNSTABLE

East Elementary

West Elementary

BEVERLY

Beadle

BOSTON

Samuel Adams

Agassiz

Dante Alighieri

Baldwin

Joseph H. Barnes Middle

Phineas Bates

Beethoven

Blackstone

Manassah E. Bradley

Brighton High

William Ellery Channing

James J. Chittick

Roger Clap

James Condon Elem.

Conley

Mary E. Curley Middle

Dearborn

Paul A. Dever

Dickerman

Early Learning Center East

Thomas A. Edison Jr. High

East Boston High

Clarence R. Edwards Middle

Eliot

David A. Ellis

Ralph Waldo Emerson

Endicott

Everett

Farragut

Fifield

BOSTON cont.

Margaret Fuller

Thomas Gardner

James Garfield Elem

Patrick F. Gavin Middle

Elihu Greenwood.

Sarah Greenwood

Henry Grew

Curtis Guild

Nathan Hale

Haley

Hamilton

Harvard-Kent

James W. Henninghan

Rafael Hernandez

Higginson

Holland

Holmes

Hurley

Hyde Park High

Washington Irving Middle

John F. Kennedy

Patrick J. Kennedy

Thomas J. Kenny

Joyce Kilmer

Martin Luther King Jr. Middle

Joseph Lee

Solomon Lewenberg Middle

Lewis Middle School

Jackson Mann

Manning

John Marshall

Samuel W. Mason

William McKinley

Mather

Mattahunt

McCormack

McKay

Ellis Mendell

BOSTON cont.

Mozart

Richard J. Murphy

Hugh Roe O'Donnell

Patrick O'Hearn

Ohrenberger

James Otis

Perkins

Oliver Hazard Perry

Philbrick

Josiah Quincy

William B. Rogers Middle

F.D. Roosevelt

Russell

Pauline Agassiz Shaw

Robert Gould Shaw Middle

Lucy Stone

Sumner

William H. Taft Middle

Taylor

Frank V. Thompson

Tileston - McKinley

James P. Timilty Middle

Tobin

William Monroe Trotter

Tynan

Warren-Prescott

Phyllis Wheatley Middle

Woodrow Wilson Middle

Winship Elementary

Winthrop.

BROCKTON

Arnone Community

Ashfield

Gilmore

Goddard

Huntington

Paine

Raymond

Winthrop

WOBURN

Shamrock

WORCESTER

Adams Street

Belmont Street Community

Burncoat Street

Burncoat Street Jr. High

Canterbury Street

Chandler Elem. Community

Chandler Magnet

City View

Columbus Park

Comprehensive Skills

Dartmouth Street

Elm Park Community

Gates Lane

Goddard School

Gorham Street Campus

Grafton Street

Granite Street

Harlow Street

Lincoln Street

McGrath Elementary

Millbury Street

Mill Swan

Quinsigamond

St. Casmires

St. Nicholas Ave. Community

Sullivan

Union Hill

Vernon Hill

Woodland St. Community

Worcester East Middle

LYNN

Breed Jr. High
Brickett
Callahan
Cobbet
Connery
Drewicz
Fallon
Ford
Harrington
Hood
Ingalls
Marshall Middle
Tracy
Washington Community

MALDEN

Holmes
Lincoln
Linden

MEDFORD

Colombus

MILFORD

Middle School East

NEW BEDFORD

Campbell
Carney Academy
Carter
Congdon
County Street
Devalles
Dunbar
Gomes
Hanningan
Hathaway
Hayden/McFadden
Ingraham Integrated
Keith Jr. High
Kempton
Lincoln
Mt. Pleasant
Normandin Jr. High
Ottiwell
Parker
Phillips Avenue
Pulaski
Rodman
Roosevelt Jr. High
West Side Jr./Sr. High

NORTH ADAMS

Brayton
Greylock

ORANGE

Butterfield
Dexter Park
Fisher Hill

PITTSFIELD

Morningside
Silvio Conte

PLYMOUTH

Hedge

QUINCY

Lincoln Hancock
Parker
Point Webster
Snug Harbor

REVERE

Garfield
Paul Revere

SALEM

Carlton

SOMERVILLE

Cummings
Edgerly Center
E. Somerville Community
Healey
Kennedy
Lincoln Park Community
Powder House Community
Winter Hill Community

SOUTHBRIDGE

Charlton Street
West Street
Wells Jr. High

SPRINGFIELD

Armory Street
Balliet
Beal
Bowles
Bridge Academy
Brightwood

SPRINGFIELD, cont...

Brookings
Central Academy
Chestnut Street
DeBerry
Dorman
Dryden Veteran
Duggan Jr. High
Ellis
Forest Park Jr. High
Freedman
German Gerena
Glenwood
Glickman
High School of Commerce
Homer Street
Indian Orchard
Johnson
Kennedy Jr. High
Kensington Avenue
Liberty
Lincoln
Lynch
Kiley Jr. High
Middle College
Pottenger
Sumner Avenue
Talmadge
Walsh
Warner
Washington
White Street
Zanetti

TAUNTON

Cohannet
Galligan
Leddy
Maxham

WALTHAM

Fitch
Whittemore

WESTFIELD

Fort Meadow
Franklin Avenue

WEST SPRINGFIELD

Cowing
Memorial

WOBURN

Shamrock

WORCESTER

Adams Street

Belmont Street Community

Burncoat Street

Burncoat Street Jr. High

Canterbury Street

Chandler Elem. Community

Chandler Magnet

City View

Columbus Park

Comprehensive Skills

Dartmouth Street

Elm Park Community

Gates Lane

Goddard School

Gorham Street Campus

Grafton Street

Granite Street

Harlow Street

Lincoln Street

McGrath Elementary

Millbury Street

Mill Swan

Quinsigamond

St. Casmires

St. Nicholas Ave. Community

Sullivan

Union Hill

Vernon Hill

Woodland St. Community

Worcester East Middle

SITE ELIGIBILITY "AREA/OPEN"

There are several types of sites that meet the definition of "open". All sites referred to as "open" under this definition must be located in "areas where poor economic conditions exist" and the availability of the program must be made known to the community through media releases. Three examples of sites that would be considered "open" are as follows:

1. "The public housing center" is an example of a site that limits participation for control reasons. This is a site that can serve up to certain number of meals and then must turn children away. The key element in this situation, that makes it acceptable as an open site, is that the children must be served on a "first come, first served" basis, up to the capacity limit.
2. A site which requires enrollment for control purposes, but which is open to the entire community at time of enrollment can also be considered open under the revised policy. The key element in this situation is that the children cannot come from any identifiable group of children in the community or be chosen based on any particular characteristic (e.g. . a Bible study program or children who excel at sports). Every child in the community must have an equal opportunity to enroll in the program and these children must be admitted on a "first come, first served" basis. A site that meets this definition does not necessarily have to open its doors during meal services since the children who are enrolled were already chosen on a "first come, first served" basis.
3. An enrolled site that limits the children who are considered for enrollment based on an identifiable characteristic (e.g. Bible study program) may also qualify as an open site if it truly opens its doors at mealtime to the community. The key element in this scenario is that there must be a sincere attempt to inform the community of the availability of the SFSP through a media release.

It is believed that for sites such as those just described, it is more equitable and administratively efficient to allow documentation of eligibility for the SFSP through the use of aggregate data, such as department of welfare, zoning commission, school or census tract data. To use aggregate data to document eligibility, an enrolled site must meet the following conditions:

1. It must use recent data documenting that the area in which it is located is actually eligible:
2. The sponsor must state in the media release that the site is open to the community at large and may only limit the site's total enrollment for reasons of security, safety, or control.

DEFINITIONS OF SITE ELIGIBILITY

OPEN/AREA SITE

50% of the children enrolled in the school(s) from which the site draws its attendance are eligible for free or reduced price meals during the school year

ALL meals served to children at OPEN/AREA SITES are eligible for reimbursement

OPEN/AREA sites must make meals available to any child from the area who attends a meal service

May serve either:

(1) ONE meal each day - Breakfast, Lunch or Supplement (Snack)

OR

(2) TWO meals each day if one meal is a Lunch and the other is a Breakfast or a Supplement (Snack)

ELIGIBILITY CONDITIONS FOR HOMELESS MEAL PROVIDERS

1. Homeless meal providers must meet all of the criteria for current eligibility or meet all the conditions defining the eligible category of "private nonprofit organizations."
2. Reimbursement is not provided for meals served to homeless adults who are participating in the same meal service as homeless children.
3. A "homeless feeding site" is described as a facility whose primary purpose is to provide shelter and one or more meal services a day to homeless families and which is not a residential child care institution.
4. Homeless feeding sites are waived from the rules governing the time between meal services or the duration of meal services. Homeless meal providers will have to follow the requirements which currently exist with regard to record keeping and financial responsibility.
5. Food Distribution to Charitable Institution Program (FDCIP) commodities can still be received by a homeless feeding site but the site's records have to establish that the site's allotment of FDCIP commodities is based only on the number of eligible adult meals served while the site's SFSP commodity allotment is based only on the number of eligible children's meals served.
6. Sponsors cannot claim the value of other donated foods used in children's meals unless they also deducted the value of donated foods used in children's meals from combined operating and administrative costs to determine net costs.
7. Summer Food Service Program funds may not be used to purchase items unrelated to the food service.
8. Homeless sites may not collect cash payments or food stamps for any meals served to program participants.

DEFINITIONS OF SITE ELIGIBILITY

CLOSED/ENROLLED SITE

50% or more of the children ENROLLED at a CLOSED/ENROLLED site must be eligible for free or reduced price meals

Program participation at a closed/enrolled site is limited to children enrolled in a site's program(s)

Individual Applications for Free & Reduced Price Meals must be on file for review by the state agency

Meals served to ALL children at a CLOSED/ENROLLED site with at least 50% INCOME ELIGIBLE children QUALIFY for reimbursement

May serve either:

(1) ONE meal each day - Breakfast, Lunch or Supplement (Snack)

OR

(2) TWO meals each day if one meal is a Lunch and the other is a Breakfast or a Supplement (Snack)

DEFINITIONS OF SITE ELIGIBILITY

RESIDENTIAL/NON-RESIDENTIAL CAMP SITE

Must have regularly scheduled food service as part of an organized program for enrolled children

Can claim only for meals served to those children who are eligible for free & reduced price meals

Individual Applications for Free & Reduced Price Meals must be on file by session for each eligible child claimed

May serve up to (4) FOUR meals per day

DEFINITIONS OF SITE ELIGIBILITY

MIGRANT SITE

Eligibility may be met by providing Nutrition Programs and Services with data which supports that the site is a migrant site serving only children of migrant workers. The data is supplied by the organization determined by the Massachusetts Department of Education to be a migrant organization

Migrant sites may only make meals available to migrant children

Meals served to ALL children at a Migrant Site qualify for reimbursement

May serve up to (4) FOUR meals per day if program has the administrative capabilities to do so

(Sample Documentation Letter on Reverse Side)

SAMPLE MIGRANT ELIGIBILITY LETTER
(To be written on Migrant Organization Letterhead)

As designated administrator of the Massachusetts Migrant Education Program, I hereby certify that the following sites for which Summer Food Service Program approval is requested are solely Migrant Education sites comprised of children of migrant families. At least 50% of children attending these sites are needy:

<u>Name of Site</u>	<u>Site Address</u>	<u># of Migrant Children Serviced</u>
---------------------	---------------------	---------------------------------------

Name of Migrant Organization: _____
Signature of Administrator: _____
Title: _____
Date: _____

SUMMER FOOD SERVICE PROGRAM - FY 95
APPLICATION FOR FREE AND REDUCED PRICE MEALS

TO APPLY FOR FREE AND REDUCED PRICE MEALS, CAREFULLY COMPLETE, SIGN AND RETURN THIS APPLICATION TO SPONSOR. IF YOU NEED HELP WITH THIS FORM, PLEASE CALL THIS TELEPHONE NUMBER: _____

PART 1

Name of Participant

Summer Program

Date of Birth

PART 2 - HOUSEHOLDS RECEIVING FOODS STAMPS or AFDC

If you are NOW receiving benefits for THIS participant give your case number in the space provided. **Do not complete PART 3, but go on to PART 4.** The application **MUST** have the printed name and signature of an adult.

☐ YES, I receive benefits for this participant
this month and want meals.

Type of benefit:

☐ Food Stamps ☐ AFDC

Case Number: _____

PART 3 - ALL OTHER HOUSEHOLDS

If you did not give a case number, you **MUST** complete the following information and sign the application or your application cannot be approved.

HOUSEHOLD MEMBERS: List the names of everyone living in your household; including yourself and the participant listed above. If you need more space, use a separate sheet of paper.

SOCIAL SECURITY NUMBER: Write the name and social security number of either the parent/guardian who is the primary wage earner or the adult household member who signs the form. Write the word "**none**" if neither adult household member has a social security number.

INCOME: List all income received last month on the same line with the person who received it. You must list gross income BEFORE deductions for taxes, social security, etc. List each amount under the correct title and list total monthly income.

LIST ALL HOUSEHOLD MEMBERS

MONTHLY INCOME

Name (Last, First)	Age	Social Security Number	Monthly Earnings from Work (Before Deductions)	Monthly Welfare Payments Child Support Alimony	Monthly Payments from Pensions Retirement Social Security	All Other Income Received Last Month
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

PART 4 - ALL HOUSEHOLDS - VOLUNTARY CIVIL RIGHTS INFORMATION

RACE: Please check the racial or ethnic identity of participant. You are not required to answer this question. We need this information to be sure that everyone receives benefits on a fair basis.

- ☐ WHITE, NOT OF HISPANIC ORIGIN
☐ BLACK, NOT OF HISPANIC ORIGIN
☐ HISPANIC
☐ ASIAN OR PACIFIC ISLANDER
☐ AMERICAN INDIAN OR ALASKAN NATIVE

No person will be discriminated against because of race, sex, color, national origin, age or handicap.

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that agency officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. An adult must sign the application before it can be approved.

PART 5

SIGNATURE _____
SIGNATURE OF ADULT _____ HOME ADDRESS _____

PRINTED NAME OF ADULT

DATE SIGNED

HOME TELEPHONE

WORK TELEPHONE

If you did not give a case number, Federal Law (PL 9735) requires you to list the social security number of the primary wage earner or adult household member who signs the form before your participant may receive free or reduced price meals. You do not have to give a social security number but if you refuse, your participant cannot receive free or reduced price meals. The social security number may be used to identify you for verifying the information you report on this application. Verification may include audits, investigations contacting the State employment security office, food stamp or welfare office, and employers, and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits or legal action may occur. These facts must be told to the household member whose social security number is reported on this form.

FOR SPONSOR USE ONLY - DO NOT WRITE BELOW THIS LINE

TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD MONTHLY INCOME _____

(Check One)

☐

ELIGIBLE

☐

NOT ELIGIBLE

**HOUSEHOLD LETTER
FREE OR REDUCED PRICE MEALS**

Dear Parent or Guardian:

The _____ serves nutritious meals at no separate charge

Agencies with participants from households whose income is at or below the levels shown on the scale below may be eligible for reimbursement at either a free or at a reduced price.

**INCOME ELIGIBILITY SCALE FOR FREE OR REDUCED PRICE MEALS
EFFECTIVE JULY 1, 1994 TO JUNE 30, 1995**

HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	13,616	1,135	262
2	18,204	1,517	351
3	22,792	1,900	439
4	27,380	2,282	527
5	31,968	2,664	615
6	36,556	3,047	703
7	41,144	3,429	792
8	45,732	3,811	880
For each additional household member add:	+ 4,588	+ 383	+ 89

To apply at any time during the year for free or reduced price meals for participants, complete the attached application and return to the agency within _____ days of receiving your application.

SOCIAL SECURITY NUMBERS: "Section 9 and 13 of the National School Lunch Act require that in order for participants to be eligible for program meals, you must provide the social security number of the primary wage earner or adult household member who signs the form. Provision of the social security number is not mandatory, but failure to provide the number will result in a denial of the application for program meals. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. The verification efforts may be carried out through program review, audits, and investigation, and may include contacting employers to determine income, contacting the State employment security office to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. These efforts may result in loss of benefits, administrative claims, or legal action if incorrect information is reported.

FOSTER CHILDREN: In certain cases a foster child who is ward of the State is considered to be a household of one. Therefore, list the amount of State support only as income.

NONDISCRIMINATION: All participants are treated the same regardless of ability to pay. In the operation of child feeding programs, no participant will be discriminated against because of race, sex, color, national origin, handicap, or age.

REPORTING CHANGES: You must report any changes in household size and increases in income of more than \$50.00 per month or \$600.00 per year.

CURRENT INCOME: "Current income means income received during the month prior to application, if representative, and multiplied by 12, or for farmers, self-employed persons, migrant workers, or others, income received during the past 12 months, if more representative." This shall include total household income before deduction including wages of all working members, welfare payments, pensions, child support or alimony, unemployment, social security and any other income.

UNEMPLOYMENT: Participants having parents or guardians who become unemployed are eligible for free or reduced price meals during the period of unemployment, provided that the loss of income causes the household income during the period of unemployment to be within the eligibility standards for those meals.

THE APPLICATION FOR FREE OR REDUCED PRICE MEALS ON THE REVERSE SIDE SHOULD BE COMPLETED FOR EACH PARTICIPANT TO BENEFIT FROM FEDERAL MONIES AVAILABLE FOR THE OPERATION OF A FOOD SERVICE. APPLICATION MUST BE SIGNED BY AN ADULT HOUSEHOLD MEMBER.

PLEASE ANSWER ALL QUESTIONS ON FORM: An application which does not contain complete information on household members and income cannot be used by the agency. If information is missing, participants will be denied the free or reduced price meal benefit.

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, WRITE IMMEDIATELY TO THE SECRETARY OF AGRICULTURE, WASHINGTON, D.C. 20250

SPONSOR RESPONSIBILITIES



SPONSOR RESPONSIBILITIES

1. Must demonstrate financial and administrative capability for Program operations and accept financial and administrative responsibility for all sites at which it proposes to conduct a food service; prove that it has not been seriously deficient in prior years.
2. Have adequate personnel for overall monitoring and management of each food service site at least once in the first week of operation and to review food service operations at every site at least once during the first four weeks of operation.
3. Provide ongoing year-round service to the community unless it serves children of migrant workers, camps, or areas which would otherwise not be served.
4. Be a public or private nonprofit entity.
5. Document that it serves an area in which poor economic conditions exist ; and if a camp or an enrolled site, certify that it will collect family size and income information to support its claims. Migrant sites must submit supporting data of eligibility.
6. Certify that it has the capability of maintaining children on-site while meals are being consumed, and certify that all sites have been visited and are capable of conducting the meal service for the number of children anticipated.
7. Make written application to the State agency for participation prior to the deadline date and submit a site information sheet for each site.
8. Submit a management plan for review by the State agency, which includes the administrative and operating budgets, and the staffing and monitoring plan.
9. Submit, along with an application, a plan for and a synopsis of its invitation to bid.* (Pertains to Vended Programs only)
10. Submit a copy of the organization's A-128 or A-133 Audit to the Department of Education, Financial Management
11. Enter into a written agreement with the State agency agreeing to:
 - a. Operate a nonprofit food service for children on school vacation during the months of May through September.
 - b. Serve all meals which meet USDA requirements pertaining to meal pattern and time schedules. and serve the same meal to all children.
 - c. Serve all meals free, except that camps may charge for meals served to children not eligible for free or reduced price school meals.

- d. Hold training sessions for administrative and site personnel with regard to program duties and allow no site to operate unless the site personnel have been trained. Ensure that its administrative personnel attend State training sessions, and provide training sessions throughout the summer to keep all personnel informed.
 - e. Have an audit conducted of its final claims by the retained auditing agency.
 - f. Purchase food designated as plentiful and use USDA donated foods.**
 - g. Make program information available to the public upon request.
 - h. Make no discrimination against any child because of race, color, national origin, sex, age or handicap and display the nondiscrimination poster (supplied by the State agency) in all offices and at all feeding sites.
 - i. Have the capability of providing program information in the appropriate translation.
 - j. Submit Claims for Reimbursement in accordance with procedures established by the State agency.
 - k. Have access to facilities necessary for storing, preparing and serving food.**
 - l. Maintain a financial management system as prescribed by the State agency
 - m. Maintain on file documentation of site visits and reviews.
 - n. Notify the Health Department of the intention to provide a food service during a specific time at specific sites.
 - o. Utilize existing school food service facilities to the maximum extent feasible. Sponsors of vended operations must contact the local school food authority for a signature on Form SFSP-1A of the application packet.
 - p. Maintain all records for three years. however records must be retained after the three year period if audit findings have not been resolved.
12. May contract with a registered food service management company for the preparation of unitized meals or to operate its entire food service provided that the sponsor accepts final responsibility for the food service management company. ***

- a. Any sponsor who will contract with a food service management company shall use a competitive bid procedure and the Standard Contract, which conforms with State requirements. Alterations and/or additions to the contract by the Sponsor are subject to prior approval by the State agency.
 - i. Bids shall be publicized 14 days prior to the opening of bids.
 - ii. Bids shall be publicly opened. Bidders shall be notified at least 5 days prior and the State agency shall be notified at least 14 days prior to the bid opening of the time and place.
 - iii. Sponsors shall submit the full newspaper page on which the bid advertisement appears. Newspaper name and date of publication shall appear on the page.
 - b. Sponsors shall submit to the State agency copies of all bids received and the reason for selecting the company chosen.
 - c. Copies of all contracts between sponsors and food service management companies along with a certification of independent price determination shall be submitted to the State agency prior to the beginning of Program operations.
 - d. A copy of the Program Regulations must be affixed to both the Sponsor's and the Contractor's copy of the Solicitation/Contract to assure that both are aware of the Program requirements.
13. Adhere to FNS standards for procurement of goods and services.*
 14. Maintain standards of conduct which govern the performance of its employees in contracting and expending Program payments.*
 15. Sponsor will assure that provisions of the contract are followed as it applies to both parties. The Sponsor and the Contractor should understand that the Sponsor is responsible for paying the Contractor for all meals delivered in accordance with the Contract.*

*Pertains to Vended Programs only

**Pertains to Self-Preparation Programs only

***Pertains to Public (Residential/Nonresidential) Programs and Private Nonprofit (Residential) Camps only

THE [illegible] OF [illegible]

BY [illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

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[illegible]

[illegible]

[illegible]

**1995 SCHOOL FOOD AUTHORITIES
CONTRACTING WITH FOOD SERVICE
MANAGEMENT COMPANIES**

(INELIGIBLE TO VEND PRIVATE NONPROFIT SFSP SPONSORS)

PUBLIC SCHOOLS

<u>NAME</u>	<u>FOOD SERVICE MANAGEMENT COMPANY</u>
Attleboro Public Schools	ARA Services, Inc.
Bellingham Public Schools	Republic Mgt. Corp.
Beverly Public Schools	Preferred Meal Systems
Burlington Public Schools	Republic Mgt. Corp.
Chelsea Public Schools	Republic Mgt. Corp.
Chilmark Public Schools	Canteen Corp.
Cohasset Public Schools	Canteen Corp.
Duxbury Public Schools	Republic Mgt. Corp.
Easton Public Schools	Canteen Corp.
Everett Public Schools	Republic Mgt. Corp.
Freetown-Lakeville Reg. School	ARA Services, Inc.
Greater Lowell Regional District	ARA Services, Inc.
Holyoke Public Schools	DAKA, Inc.
Hull Public Schools	Canteen Corp.
Lexington Public Schools	Marriott Corp.
Lunenburg Public Schools	Canteen Corp.
Lynn Public Schools	Preferred Meals/Canteen Corp.
Mansfield Public Schools	Republic Mgt. Corp.
Marblehead Public Schools	DAKA, Inc.
Marlboro Public Schools	Republic Mgt. Corp.
Martha's Vineyard Reg. HS	Canteen Corp.
Mashpee Public School	Canteen Corp.
Medford Public Schools	Republic Mgt. Corp.
Melrose Public Schools	Canteen Corp.
Milton Public Schools	DAKA, Inc.
Nantucket Public Schools	Canteen Corp.
Natick Public Schools	Republic Mgt. Corp.
Oak Bluffs Public Schools	Canteen Corp.
Randolph Public Schools	Canteen, Corp.
Revere Public Schools	ARA Services, Inc.
Sharon Public Schools	Marriott Corp.
Swampscott Public Schools	DAKA, Inc.
Up-Island Regional School	Canteen Corp.
West Bridgewater Public Schools	Canteen Corp.
West Tisbury Public Schools	Canteen Corp.
Winchendon School	Seilers
Winchester Public Schools	Canteen Corp.
Winthrop Public Schools	Republic Mgt. Corp.
Woburn Public Schools	Republic Mgt. Corp.

PRIVATE SCHOOLS

NAME

FOOD SERVICE MANAGEMENT COMPANY

Beaver Country Day School, Inc.
Berkshire School, Inc.
Brooks School
Center for Blind Children
Chapel Hill-Chauncy Hall
Eagle Hill Foundation, of MA, Inc.
Franciscan Children's Hospital
Groton School
Hayden Inn School
Hillcrest Educational Centers
Italian Home for Children
Lawrence Academy
Milton Academy
Newton Country Day School
St. Sebastian's Country Day
Stoneleigh Burnham School
The Charles River School
Trustees of Phillips Academy
Ursuline Academy
Walnut Hill

Seilers
Seilers
DAKA, Inc.
DAKA, Inc.
Seilers
Marriott
Seilers
DAKA, Inc.
DAKA, Inc.
Service Master
Canteen Corp.
DAKA, Inc.
ARA Services, Inc.
Sage Dining Services, Inc.
Sage Dining Services, Inc.
Fitz, Vogt & Associates
Sage Dining Services, Inc.
ARA Services, Inc.
Sage Dining Services, Inc.
DAKA, Inc.

3/1/95

SUMMER FOOD SERVICE PROGRAM

Meal Pattern

MEAL TYPE	Age 1-2	Age 3-5	Age 6-12
BREAKFAST			
Milk, fluid	1/2 cup	3/4 cup	1 cup
Juice or Fruit or Vegetable	1/4 cup	1/2 cup	1/2 cup
Bread and/or Cereal, enriched or whole grain			
Bread or	1/2 slice	1/2 slice	1 slice
Cereal: Cold dry or	1/4 cup	1/3 cup	3/4 cup
Hot cooked	1/4 cup	1/4 cup	1/2 cup
MIDMORNING OR MIDAFTERNOON SNACK (SUPPLEMENT) (Select 2 of these 4 components)			
Milk, fluid	1/2 cup	1/2 cup	1 cup
Meat and Meat Alternates	1/2 ounce	1/2 ounce	1 ounce
or Yogurt; plain, or sweetened / flavored or	2 ounces or	2 ounces or	4 ounces
Juice or Fruit or Vegetable	1/4 cup	1/4 cup	1/2 cup
Bread and/or Cereal, enriched or whole grain	1/2 cup	1/2 cup	3/4 cup
Bread or	1/2 slice	1/2 slice	1 slice
Cereal: Cold dry or	1/4 cup	1/3 cup	3/4 cup
Hot cooked	1/4 cup	1/4 cup	1/2 cup
LUNCH OR SUPPER			
Milk, fluid	1/2 cup	3/4 cup	1 cup
Meat and Meat Alternates			
Meat, Poultry, or Fish, cooked (lean meat without bone)	1 ounce	1-1/2 ounces	2 ounces
Cheese	1 ounce	1-1/2 ounces	2 ounces
Egg	1	1	1
Cooked Dry Beans and Peas	1/4 cup	3/8 cup	1/2 cup
Peanut Butter or other Nut or Seed Butters	2 Tbsp.	3 Tbsp.	4 Tbsp.
Nuts and/or Seeds	1/2 ounce	3/4 ounce	1 ounce
Vegetables and/or Fruits (two or more)	1/4 cup (total)	1/2 cup (total)	3/4 cup (total)
Bread or Bread Alternate, enriched or whole grain	1/2 slice	1/2 slice	1 slice

CREDITING FOODS IN THE SUMMER FOOD SERVICE PROGRAM

CREDITABLE FOODS :

Those foods that may be counted toward meeting the requirements for a reimbursable meal.

CREDITABLE DETERMINATION FACTORS

- (1) Nutrient content**
- (2) Customary function to a meal**
- (3) Whether they meet regulations governing the Child Nutrition Programs**
- (4) Whether they meet the FDA's Standards of Identity**
- (5) Whether they meet the USDA's standards for meat and meat products**
- (6) Agreement with administrative or nutrition policy decisions on the crediting of particular foods**

NONCREDITABLE FOODS:

“Other” foods that are not creditable because they do not meet the above criteria and therefore do not meet the requirements for any component in the meal pattern

Noncreditable foods may be served but not in place of creditable foods.

RE-SERVICE AND REUSE OF MILK

The Bureau of School Nutrition Services has been advised by the Massachusetts Department of Public Health, Division of Food and Drug that Massachusetts Law Section 105 CMR 590-006 (G) prohibits the re-service and reuse of potentially hazardous foods such as milk. The Food Establishment Regulations apply to all types of food service and retail food operations and facilities including those participating in the National School Lunch and Breakfast Programs, Child and Adult Care Food Program and the Summer Food Service Program.

The Department of Public Health further advises that "once a food product leaves control of the facility, it cannot be re-served, sold or reused for other purposes. These considerations apply to milk in unopened cartons once they are sold or served to consumers."

Concerns over the re-service of milk in your programs include:

- the temperature of milk in individual service cartons will very quickly exceed 45°F.
- there is always the potential of introducing foreign substances into the milk.

Attention should also be paid to the manner in which milk is served in any setting. Milk should not be out of refrigeration for more than one half hour. Although the temperature of the milk may exceed 45°F, the safety and wholesomeness of the product would not be jeopardized in that short time. Any milk which has been served or has been left at room temperature for more than one half hour should not go back for re-service or reuse.

In summary:

ONCE SERVED, MILK SHOULD NOT BE RE-SERVED OR REUSED.

ANY MILK OUT OF REFRIGERATOR FOR MORE THAN ONE HALF HOUR SHOULD NOT BE USED.

If a milk is served to a child who does not wish to consume it, that child may **immediately** give the unwanted milk to another child who wishes to have a second milk. However, the unwanted milk may **not** be given back to the server or placed on an "extras" table to be served again. **Please be reminded that the milk must be served with the meal in the first place for the meal to be considered complete and reimbursable - a child cannot refuse to receive the milk.**

Sponsors should consult with city or town officials to determine if local policy is more stringent than Massachusetts Department of Public Health.

FAMILY STYLE MEAL SERVICE IN THE SUMMER FOOD PROGRAM - CAMPS ONLY
(Source Citation FNS 783-3)

Other types of summer sites are not appropriate for, nor conducive to, successful family style meal service.

Camps serving family style must comply with the following practices at a minimum:

- 1) Enough food must be placed on each table to provide minimum portions of all required components for all children at the table, and to accommodate program adults supervising meal service who eat with the children.
- 2) Some amount of each required component must be placed on each child's plate, and at least the minimum regulatory portion must be offered to the child.
- 3) When the full portion required by the regulations is not initially served to children, supervising adults must assume the responsibility of actively encouraging the child to accept service of the full portion during the course of the meal.

MANDATORY SPONSOR RECORDS

1. Entire Approved Application Packet

- a. Agreement
- b. Application
- c. Policy for Determining Eligibility
- d. Public Announcement
- e. Civil Rights Questionnaire
- f. Site Information Sheet(s)
- g. IRS Letter documenting tax exempt status
- h. Food Service Contract or Agreement
- i. Bid Procedure

2. Records of Meals Claimed

- a. (Camp Sites)-Daily Meal Counts taken at point of service on Form SFSP - M7
- b. (Open/Area, Closed/Enrolled and Migrant Sites) - Daily Meal Counts taken at point of service on Form SFSP - M4,5,or 6
- c. Daily count of meals served to program/nonprogram adults (on Forms SFSP M4-7)

3. Records of Program Income

- a. Income from any food sold to adults
- b. All SFSP reimbursement
- c. "Other" income to the program, including cash donations or grants from benevolent organizations

4. Records of All Food Costs

- a. Receiving costs
- b. Purchase invoices
- c. Records reflecting costs of transporting purchased food when it is invoiced separately from the original purchase invoice
- d. Records reflecting cost of storing purchased food when it is invoiced separately from the original purchase invoice
- e. Records reflecting costs of handling purchased food when it is invoiced separately from the original purchase invoice
- f. Records of food products returned when they are not reflected on purchase invoices
- g. Records of cash discounts taken or provided when it is not reflected on purchase invoices
- h. Inventory records that show the kinds of food items on hand, the quantity of each food item, the dollar value assigned to each food item and the total value of the inventory at the program's beginning and end
- i. Records of major inventory adjustments due to damage, theft, etc.
- j. **FOOD PRODUCTION RECORDS**

5. **Records of Planning Prior to Opening Date**
 - a. Documentation of pre-operational visits to all sites (SFSP-R2)
 - b. Health Department Notification
 - c. (Vended Programs only) - Amendment 1a Form
6. **Records of Training**
 - a. Documentation and synopsis of training sessions held for administrative and operational personnel.
7. **Records of Reviews Conducted by the Sponsor**
 - a. Documentation/synopsis of site visits conducted during the first week of operation (SFSP-R2)
 - b. Documentation of site reviews conducted during the first four weeks of operation (SFSP-R4,5 or 6)
8. **Records of Operational Data**
 - a. Open/Area Sites - Names of school which feed into each site
 - b. Residential/Nonresidential Camps - Completed Applications for Free & Reduced Price Meals for each participating child, Camp Session Enrollment Summaries SFSP-1B
 - c. Closed/Enrolled Sites - Completed ELIGIBLE Applications for Free & Reduced Price Meals for at least 50 % of children enrolled at each site by session.
 - d. Migrant Sites - Supporting data of eligibility
9. **Records of Other Budgeted Items**
 - a. Payroll documents including attendance and breakdown of time spent on SFSP
 - b. Documentation of facility costs claimed
 - c. Costs of non-food supplies received
 - d. Administrative costs related to planning, organizing and supervising the SFSP including : Management, monitoring and clerical salaries, mileage, communication, other
10. **Records of Meeting Required Meal Patterns/Portion Sizes**
 - a. Daily menus of all meals served (SFSP -M4, 5 or 6)
 - b. Food production records (SFSP-FPR)
11. **Records of Civil Rights Documentation**
 - a. Pre-operational estimate of total average daily attendance by racial/ethnic group (part of application process)
 - b. Actual count of participation (for at least one day during site operations) by racial/ethnic group for all sites (SFSP-R3 for each session)

OVERALL RULE

Sponsors shall maintain accurate records which justify all costs and meals claimed in the SFSP. These records shall be available at all times for inspection/audit by representatives of the Secretary, the Controller General of the United States, and the State Agency for a period of three years following the date of submission of the final claim.

HANDICAPPED CHILDREN

Source Citation FNS 783-3

A handicapped child is one who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Sponsors are required to make substitutions in foods listed in the meal patterns for those handicapped children who are unable to consume specified food items.

Sponsors are not to make determination of whether a child is handicapped as defined above. Rather, sponsors shall accept either; the certification of the official of a school, institution, or sponsor who classifies students as handicapped; or the certification of a physician that an individual child is handicapped as defined above.

On a case-by-case basis, a handicapped child shall be provided substitutions in foods only when supported by a statement signed by a physician licensed by the state. The supporting statement shall identify:

- A. The individual's handicapping condition and an indication that the handicap restricts the child's diet
- B. The major life activity affected by the handicapping condition
- C. The food or foods to be omitted from the child's diet and the food or choice of foods that may be substituted

Generally, children with food allergies or intolerances are not handicapped as defined by the above definition.

NONHANDICAPPED CHILDREN

For children who are unable to consume a food item because of medical or other special dietary needs, sponsors may at their discretion make substitutions for individual children. Such substitutions made on a case-by-case basis must be supported by a signed statement from a recognized medical authority.

For non-handicapped children the supporting statement shall include:

- A) An indication that the medical or other special dietary needs restricts the child's diet.
- B) The food or foods to be omitted from the child's diet and the foods or choice of foods that may be substituted.

Sponsors are not required to operate a diet kitchen. Usually, there is no difficulty acquiring substitute foods. However, if the authorized substitute foods are not generally available, the parent or guardian should provide the substitute food item prescribed by the physician or recognized medical authority.

SPECIAL VARIATIONS

Sponsors must make request to the Department of Education Nutrition Programs and Services for any variation in food components based on ethnic, religious, or economic needs.

CIVIL RIGHTS COMPLIANCE IN THE SUMMER FOOD SERVICE PROGRAM

The following public notification requirements must be met as part of the Summer Food Service Program participation:

1. Displaying USDA or FNS approved Civil Rights Poster.
2. Provision of informational materials in the appropriate translation concerning the availability and nutritional benefits of the program, as needed.
3. Making available the Program information to the public upon request.
4. Provision of a nondiscrimination statement and a procedure for filing a complaint in information concerning the Program and Program activities directed to parents of beneficiaries and potential beneficiaries.

The following data collection and maintenance requirements must be met as part of the Summer Food Service Program participation:

1. Determination of the number of potential eligible beneficiaries by racial/ethnic category for the area served by the sponsor each year.
2. Collection of actual beneficiary data by racial/ethnic category for EACH site under the jurisdiction of the sponsor each year.
3. Maintenance of this data on file for a period of three years.

SUMMER FOOD SERVICE PROGRAM HEARING PROCEDURE

Families wishing to appeal a denial of an application for free meals are entitled to a Hearing Procedure. Notification of the right to appeal the action and instructions on how to appeal shall be sent to the family upon application denial. The reasons for ineligibility shall be properly documented and retained on file at the sponsoring agency.

Prior to initiating the hearing procedure, the parents or Summer Food Service Program sponsors may request a conference to provide an opportunity for the parent and sponsor official to discuss the situation, present information, and obtain an explanation of data submitted in the application or the decisions rendered. The request for a conference shall not in any way prejudice or diminish the right to a fair hearing.

The Hearing Procedure provides the following:

1. That a simple, publicly announced method will be used for a family to make an oral or written request for a hearing.
2. That the family will have the opportunity to be assisted or represented by an attorney or other person.
3. That the family will have an opportunity to examine the documents and records supporting the decision being appealed both before and during the hearing.
4. That the hearing will be reasonably prompt and convenient for the family.
5. That adequate notice will be given to the family of the time and place of the hearing.
6. That the family will have an opportunity to present oral or documentary evidence and arguments supporting its position.
7. That the family will have an opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
8. That the hearing shall be conducted and the decision made by a hearing official who did not participate in the action being appealed.
9. That the decision shall be based on the oral and documentary evidence presented at the hearing and made a part of the record.
10. That the family and any designated representative shall be notified in writing of the decision.
11. That a written record shall be prepared for each hearing which includes the action being appealed, any documentary evidence and a summary of oral testimony presented at the hearing, the decision and the reasons for the decision, and a copy of the notice sent to the family.
12. That the written record shall be maintained for a period of three years following the conclusion of the hearing, during which it shall be available for examination by the family or its representatives at any reasonable time and place.

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SUMMER FOOD SERVICE PROGRAM
SPONSOR AND FOOD SERVICE MANAGEMENT COMPANY HEARING PROCEDURE

Applicants who have the right of appeal as authorized by Section 225.13 (b) (1-12):

- 1) Sponsor denied participation
- 2) Sponsor denied advance payment
- 3) Sponsor denied reimbursement
- 4) Sponsor denied site approval
- 5) Claim against a sponsor for remittance of a payment
- 6) Food Service Management Company denied registration approval or
revocation of registration
- 7) Sponsor terminated
- 8) Site terminated

The hearing procedure provides that:

1. The denied applicant shall be advised in writing of the grounds upon which the State Agency based the denial. The notice of action shall be subject to the following conditions:
 - a) It shall be sent by certified mail, return receipt requested.
 - b) It shall include a statement indicating that the denied applicant has the right to appeal the action of the State.
2. The denied applicant shall be advised in writing that the request for review must be made not more than two (2) weeks from the date of receipt of the notice of action.
3. The denied applicant shall be afforded the opportunity to review all information upon which the denial was based.
4. The denied applicant may refute the charges contained in the notice of action either in person or by filing written documentation with the review official. Written documentation shall be subject to the following conditions:
 - a) It must be submitted by the appellant within seven (7) days of submitting the request for review.
 - b) It must clearly identify the State Agency action being appealed.
 - c) It must include a photocopy of the notice of action issued by the State Agency.
5. The denied applicant may request, in the letter or request for review, that a hearing be held by the review official in addition to or in lieu of a review of the written information submitted by the appellant.

SUMMER FOOD SERVICE PROGRAM HEARING PROCEDURE - PAGE 2

6. The denied applicant (the appellant) may retain legal counsel or may be represented by another person. Failure of the appellant representative to appear at a scheduled hearing shall constitute the appellants waiver of the right to a personal appearance before the review official, unless the review official agrees to reschedule the hearing.
7. The appellant shall allow a representative of the State Agency to attend the hearing to respond to testimony and written information and to answer questions from the review.
8. The appellant, if he/she has requested a hearing, shall be provided with at least five (5) days advance written notice sent by certified mail, return receipt requested, of the time and place of the hearing. The State Agency shall be provided with the same.
9. The hearing shall be held within fourteen (14) days of the date of the receipt of the request for the review.
10. The review official shall be the Commissioner of Education or an official designated by him/her.
11. The review official shall make a determination based on information provided by the State Agency, the appellant and on program regulations.
12. The review official must make a determination within five (5) working days after the appellant's hearing, or within 5 working days after receipt of written documentation if no hearing is held.
13. The reviewing official must make the determination based on a full review of the administrative record and inform the appellant of the determination of the review by certified mail return receipt requested.

The State Agency's action shall remain in effect during the appeal process. However, participating sponsors and sites may continue to operate under the program during an appeal of termination and if the appeal results in overturning the State Agency's decision, reimbursement shall be paid for meals served during the appeal process. However, continued operation under the program shall not be allowed if the State Agency's action is based on imminent dangers to the health or welfare of the children.

The determination by the State review official is the final administrative determination to be afforded an applicant.

All appeal requests shall be made in writing and addressed to Dr. David P. Driscoll, Deputy Commissioner, Massachusetts Department of Education, 350 Main Street, Malden, MA 02148. This written request must be received by the Deputy Commissioner's office within ten (10) days after receipt of the written notification of action taken.

PUBLIC ANNOUNCEMENT A: FOR USE BY SPONSORS OF OPEN/AREA SITES ONLY

PUBLIC ANNOUNCEMENT

The _____ announces its participation in the USDA Summer
(Name of Sponsoring Organization)

Food Service Program for Children. Free meals are provided to attending children 18 years of age and under, without regard to race, color, national origin, sex, age, or handicap.

Meals are provided to attending children at the following sites:

Site Name	Site Location	Meal Service Dates/Times
------------------	----------------------	---------------------------------

Contact the site or the office of _____
(Name of Sponsoring Organization)

at () _____ for additional information.

PUBLIC ANNOUNCEMENT B: FOR USE BY SPONSORS OF ENROLLED/CAMP SITES

PUBLIC ANNOUNCEMENT

The _____ announces its participation in the USDA Summer
(Name of Sponsoring Organization)

Food Service Program for Children. Free meals are provided to attending children 18 years of age and under, without regard to race, color, national origin, sex, age, or handicap.

Listed below are the standards to be used in determining program eligibility.

SFSP Income Eligibility Standards EFFECTIVE JULY 1, 1994 TO JUNE 30, 1995

HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	13,616	1,135	262
2	18,204	1,517	351
3	22,792	1,900	439
4	27,380	2,282	527
5	31,968	2,664	615
6	36,556	3,047	703
7	41,144	3,429	792
8	45,732	3,811	880

For each additional
household member add: + 4,588 + 383 + 89

CHILDREN ENROLLED AT ELIGIBLE PROGRAM SITES WHO ARE MEMBERS OF FOOD STAMP HOUSEHOLDS OR AFDC ASSISTANCE UNITS ARE AUTOMATICALLY ELIGIBLE TO RECEIVE FREE MEAL BENEFITS.

Contact the site or the office of _____
(Name of Sponsoring Organization)

at () _____ for additional information.

SPONSOR TRAINING REQUIREMENTS

**Sponsors must conduct training for all
administrative and operational personnel
in program responsibilities**

**As these two groups of personnel have different
responsibilities, most sponsors will want to offer
separate training sessions**

**No food service site may operate until personnel at
the site have attended a sponsor training session**

**At least one person who has been trained by the
sponsor must be present at each site during each
meal service (if a trained site supervisor resigns
during the summer, the sponsor is responsible for
training the new site supervisor)**

DOCUMENTATION OF TRAINING

All sponsors must keep records that document:

- (1) the date(s) of training of administrative and operational personnel**
- (2) the names and signatures of all persons attending each training session**
- (3) the topics covered at each training session**

Sponsors requesting advance payments must certify that they have trained all administrative and operational personnel.

**SUMMER FOOD SERVICE PROGRAM
DOCUMENTATION OF TRAINING**

Name of Sponsor/Agreement Number _____

Date of Training _____

Staff Training for:

Administrative Personnel _____

Foodservice Personnel _____

Topics covered: _____

Training materials used.

Signature of Person Conducting Training

Signature of Authorized Sponsor Representative

SIGN-IN SHEET
SUMMER FOOD SERVICE PROGRAM TRAINING

Name of Sponsor _____ Date _____

Name	Job Title/Site Name
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

MONITORING REQUIREMENTS

All sites must be VISITED prior to operating in order to ensure that site is suitable

All sites must be VISITED at least once during the first week of operation and prompt action must be taken to correct any deficiencies

All sites must be REVIEWED at least once during the first four weeks of program operations

Monitoring should continue throughout the summer at a level sufficient to ensure that sites comply with program regulations

DOCUMENTATION OF VISITS/REVIEWS

Record of Visit

1. The name and address of the site visited
2. The date of the site visit
3. The times of the monitor's arrival and departure
4. A listing of any problems noted and corrective action initiated
5. The site supervisor's signature
6. The monitor's signature

Record of Review

1. All information listed above
2. Meal preparation/delivery information
3. Quality of site records
4. Adjustments in meal orders
5. Adjustments in menus

PROGRAM VIOLATIONS

DISALLOWANCE: A written refusal of reimbursement for meals found to be in violation of Summer Food Service Program policies.

A Disallowance is :

- a.) issued at a site
- b.) issued by State Agency staff
- c.) deducted from the monthly claim for reimbursement by the State Agency

48-HOUR NOTICE: A written report which notifies the Sponsor of gross non-compliance to Summer Food Service Program policies.

A 48-Hour Notice is:

- a.) issued at a site
- b.) issued by State Agency staff
- c.) issued when a disallowance will not be sufficient to correct a severe problem

COMMON VIOLATIONS

ADMINISTRATIVE

- 1. No "point-of-service" meal count records**
- 2. Missing or incomplete Applications for Free & Reduced Price Meals**
- 3. Meals claimed in excess of the number of meals approved in the application**
- 4. Serving excess number of "second meals" (more than 2% of the number of "first meals" served)**
- 5. Claiming for meals served to adults**
- 6. No inventory records or production records**
- 7. No records of visits and reviews**
- 8. No menus on file**
- 9. No training documentation/untrained site staff**
- 10. Failure to report field trip schedules**

COMMON VIOLATIONS

OPERATIONAL

- 1. Off-site consumption**
- 2. Incomplete meals claimed**
- 3. Insufficient quantities served**
- 4. Inadequate site supervision**
- 5. Meals not being served as a unit**
- 6. Meal counts not being taken at point of service**
- 7. Including meals served to adults with count of meals served to eligible children**
- 8. Meals not being served in compliance with time restrictions (does not apply to residential camps and homeless shelters)**

SUMMER FOOD SERVICE PROGRAM FIELD TRIP POLICY

Summer Food Service Program sponsors may be reimbursed for meals brought and served on scheduled field trips provided that the meal consists of ALL required components including cold fluid milk. Care must be taken to insure the safety and quality of the meals. Adequate equipment must be used to store and transport the meals on the field trip.

The following guidelines must be followed in order for field trip meals to be reimbursable.

- A field trip schedule must be submitted to Nutrition Programs and Services PRIOR TO serving meals on a field trip. If this office has not received previous notification of a field trip, meals served on the field trip will be considered to be "consumed off-site" which is in violation of the regulations - ALL MEALS SERVED ON THE FIELD TRIP WILL BE DISALLOWED. Locations for meal consumption at designated field trips must be specified.

- Calendars have been provided for you to use to record scheduled field trips for each month. Please submit this form as soon as possible prior to the beginning of each month. You must then notify this office of any additions, cancellations and/or changes in the scheduled trips. Nutrition Programs and Services and/or U.S. Department of Agriculture representatives will be using these schedules when planning reviews of your sites. If your site is visited on a day when there is no scheduled field trip, but the reviewer finds there are no children present at the site, ALL MEALS CLAIMED FOR THAT DAY WILL BE DISALLOWED.

- Field trip schedules must be submitted if ANY OR ALL children from the site will be served meals on a field trip. If it is found that some children are present at the site and some are on a field trip about which this office has not been notified, ONLY THE NUMBER OF CHILDREN PRESENT AT THE SITE WILL BE REIMBURSED FOR THAT DAY

- Out-of-State field trips must be clearly identified as such and accompanied by specific directions to locate the children at the specified location should it be necessary.

SITE RESPONSIBILITIES



SITE RESPONSIBILITIES

1. Keep accurate daily records of all meals prepared or delivered and served (record at point of service) and attach to daily menu
2. Ensure that ALL meals are eaten on site
3. Serve only those children 18 years of age or under
4. Serve each meal as a unit
5. Order or prepare only the number of meals needed with the objective of providing ONE meal per child at each meal service
6. Ensure that all State and local health laws are met
7. Serve meals during the designated meal service time only
8. Ensure that all meals meet the USDA requirements
9. Count all meals when delivered, check for spoilage and sign delivery slip
10. Camp sites must ensure the anonymity of children receiving reimbursable meals
11. Must make no discrimination against any child because of race, color, national origin, sex, age or handicap
12. Must display the non-discrimination poster supplied by the state agency

MANDATORY SITE RECORDS

1. Residential and Nonresidential Camp Sites - Daily "point of service" Meal Service Report for Camps (SFSP-M7)
2. Open/Area and Closed/Enrolled Sites - Daily "point of service" Meal Service Report (SFSP-M4, 5 or 6)
3. Daily count of all meals served to program adults
4. Vended Programs - Invoices of meals delivered (receiving slips SIGNED by site supervisor)
5. Self-Preparation Programs - Invoices of all food purchased
6. Separate inventories for purchased food, commodity food and non-food supplies
7. Records of all time that food service personnel spend on food service
8. Food production records

These records must be collected from the site and maintained at the Sponsor's Office for a period of three years after the submission of the last claim.

REIMBURSEMENT



The Commonwealth of Massachusetts Department of Education

350 Main Street, Malden, Massachusetts 02148

(617) 388-3300

TO: Sponsors of the Summer Food Service Program for Children

FROM: Donna M. Hooper, Special Nutrition Programs

DATE: February 1, 1995

SUBJECT: Reimbursement Rates Effective January 1, 1995

We have been advised by the United States Department of Agriculture of the following adjustments to the National Average Payments available to Summer Food Service Program Sponsors for the 1995 Fiscal Year.

MAXIMUM PER MEAL REIMBURSEMENT RATES

OPERATING COSTS

Breakfast	1.1800
Lunch or Supper	2.1200
Supplement	.5550

ADMINISTRATIVE COSTS

For meals served at rural
or self-preparation sites:

Breakfast	.1100
Lunch or Supper	.2000
Supplement	.0550

For meals served at other
types of sites:

Breakfast	.0875
Lunch or Supper	.1675
Supplement	.0425

If you have any questions regarding this matter, please feel free to contact the Special Nutrition Programs Section of this office at (617) 388-3300 ext. 494.

**MASSACHUSETTS DEPARTMENT OF EDUCATION
Summer Food Service Program
CLAIM FOR REIMBURSEMENT**

Date Received:
(this space for office use only)

PART I - GENERAL INFORMATION

(Legal Name of Agency)

(Street)

(City/ Town/Zip Code)

**B. Name of Person
Completing This Form:** _____

Title: _____ Telephone No: _____

C. Agreement Number

D. Claim Month & Year

E. Number of Operating Days

F. Average Daily Attendance

G. Number of Sites

(Please see reverse side for instructions)

PART II - NUMBER OF MEALS SERVED

**A. Type of
Served Meal**

**B. Total Meals Served
to Eligible Children**

(1) Breakfasts

(2) Lunches

(3) Suppers

(4) Supplements

(5) Total

PART III - REPORT OF PROGRAM COSTS & INCOME

A. Actual Operating Costs

1. Salaries:

Direct Labor

2. Fringe Benefits

3. Supplies:

(A) Food

(B) Non-Food

4. Rental of Operational Equipment
& Space

5. Non-Classified

6. Total Operating Costs

B. Actual Administrative Costs

1. Salaries:

(A) Administrator(s)

(B) Monitoring Staff

(C) Support Staff

2. Fringe Benefits

3. Contracted Services:

(A) Audit & Legal

(B) Other

4. Travel

5. Office Supplies

6. Maintenance and Repairs

7. Telephone/Utilities

8. Rental of Office Equipment
& Space

9. Non-Classified

10. Total Administrative Costs

**C. Income Received this Month for the Summer Food
Service Program**

1. Income from Sales to Adults

2. Other Income

3. Total Income

To Be Completed by Residential/Non-Residential Camp Programs Only

PART IV - SUPPLEMENTARY INFORMATION APPLICABLE ONLY TO PROGRAMS SERVING OTHER THAN ELIGIBLE CHILDREN

A. Computation of the Percentage of Meals Served to Eligible Children

1. Number of Meals
Served to Eligible Children

2. Total Number of Meals Served

3. Percent of Eligible Meals Served
(divide #1 by #2)

I CERTIFY THAT, to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim; that it is in accordance with the terms of existing agreement(s); and that payment has not been received. I understand that the information on this Claim for Reimbursement is being given in connection with the receipt of funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Authorized Signature _____ Title _____ Date _____

Instructions

General Instructions:

Eligible participants are required to submit an appropriately completed Claim For Reimbursement For the Summer Food Service Program (Form SFSP-1) no later than 60 days following the last day of the full month covered by the claim. A Supplement to the Claim For Reimbursement must be attached to each claim for programs operating at more than one site. Once completed, these forms are routinely due on the 10th of the month following the claimed month and must be submitted to the following address:

Massachusetts Department of Education
Financial Management
ATTN: Processing Unit
350 Main Street
Malden, MA 02148

(Note: Claims for last month of operation with ten or fewer operational days may be included with the prior month's claim as applicable)

Specific Instructions: Part I (General Information)

- (A) Indicate the legal name and address of the agency.
- (B) Self Explanatory
- (C) The number assigned to the program for funding during the current fiscal year.
- (D) Indicate the month and year the claim covers, not the month the claim is prepared.
- (E) Self Explanatory
- (F) Divide total meals served (choose only meal type with largest number of meals served) by days operated.
- (G) Indicate the number of approved sites operating during the month. The number of sites entered on the claim must not exceed the number approved. New sites must be approved by Nutrition Programs and Services prior to claiming reimbursement.

Specific Instructions: Part II (Number of Meals Served)

- (A) Self Explanatory
- (B) Self Explanatory
- (1), (2), (3), (4) Indicate the total number of meals by type served to eligible children. *(Note: AM & PM supplements should be combined under a single total for supplements)*
- (5) Add the amounts under the above items 1-4.

Specific Instructions: Part III (Report of Program Costs and Income)

- (A) The costs of operating a food service under the Summer Food Service Program.
 - (1) Labor directly involved in the food preparation process for the Summer Food Service Program.
 - (2) Benefits offered to approved direct labor staff provided under plans consistent with the applicant agency's standards for similar costs supported with other than Program Funds.
 - (3) All tangible food and non food property other than equipment.
 - (a) & (b) Self Explanatory
 - (4) Costs approved to carry out the program. Equipment is defined as tangible personal property that has a useful life of more than two years and acquisition cost of \$500 or more.
 - (5) Use this space for allowable costs not included under the above items.
 - (6) Add the amounts under the above items 1-5.
- (B) Approved costs to support the Administration of the Summer Food Service Program for Eligible Children
 - (1) Self-Explanatory
 - (a) Supervises program staff and/or directs the program. Costs must be directly attributable to the food service program.
 - (b) Provides direct monitoring of the food service program.
 - (c) Provides direct administrative clerical or related support to the food service program.
 - (2) Benefits offered to approved administrative staff provided under plans consistent with the applicant agency's standards for similar costs supported with other than program funds.
 - (3) Services which cannot be provided by other full or part-time staff employed to support the administration of the program. Generally, these services are for a short-term period and provide a specific and identifiable product or service.
 - (a) Self-Explanatory
 - (b) Approved contracted administrative services other than audit and legal.
 - (4) Mileage reimbursement to staff responsible for monitoring the program. The rate of reimbursement may be for reasonable costs to travel to and from the program and may not exceed the agency's standard for similar costs paid from other than program funds.
 - (5) All tangible office property other than equipment.
 - (6) Approved costs incurred for maintenance or repair of equipment purchased to support administration of the food service program necessary to keep it in efficient operating condition.
 - (7) Direct costs for telephone/telecommunication service and utility expense necessary to support the administration of the program.
 - (8) Approved costs to support the administration of the program. Equipment is defined under Part III A, (4) above.
 - (9) Use this space for approved allowable costs not included under the above items.
 - (10) Add the amounts under the above items 1-9.
- (C) Self-Explanatory *(Note: Advances are not to be reported under this section).*
 - (1) Indicate income received from sales to adults attributable to the food service program.
 - (2) Indicate all other income attributable to the food service program.
 - (3) Add the amounts under items 1 and 2 above.

RESIDENTIAL/NON-RESIDENTIAL CAMPS ONLY:

Specific Instructions: Part IV (Note: This section is applicable only to programs serving other than eligible children).

- (A) Self Explanatory
 - (1) Indicate the total number of meals served during the claimed month applicable to eligible children under the food service program
 - (2) Indicate the total of all meals served during the claimed month under the food service program.
 - (3) Divide #1 by #2 above

[illegible]



AGREEMENT NUMBER _____ CAMP SESSION DATES _____

NAME OF CHILD	INCOME ELIGIBILITY		DATE ENROLLED
	ELIGIBLE	INELIGIBLE	
TOTAL ELIGIBLE CHILDREN			
TOTAL CHILDREN ENROLLED			

MANDATED DOCUMENTS

**SUMMER FOOD SERVICE PROGRAM
SITE SELECTION WORKSHEET**

SFSP-R1

Directions: Complete this form during pre-selection site visits in order to determine if site is suitable.

Site Name _____

Site Address _____ Site Telephone # _____

Person to contact for use of site: _____

TYPE OF SITE:

Recreation Center	<input type="checkbox"/>	Park	<input type="checkbox"/>
School	<input type="checkbox"/>	Residential Camp	<input type="checkbox"/>
Church	<input type="checkbox"/>	Playground	<input type="checkbox"/>
Day Camp	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/> _____

SITE INFORMATION:

Estimated # of children site could serve _____

Estimated # of needy children in the area _____

Estimated # of supervisory personnel needed to adequately control food service _____

Are present facilities adequate for an organized meal service? _____

If not, please comment: _____

Does site have:

Shelter (inclement weather)	<input type="checkbox"/>	Refrigeration	<input type="checkbox"/>
Cooking Facilities	<input type="checkbox"/>	Telephone	<input type="checkbox"/>
Place to store prepared or delivered food	<input type="checkbox"/>	Place to store daily records at site	<input type="checkbox"/>

What types of organized activities are possible or planned at this site? _____

State, local, municipal, or county government and private nonprofit sponsors can only provide a food service at sites which they directly operate. Direct operation means that the sponsor will be responsible for (1) managing site staff, including such areas as hiring, conditions of employment and termination, and (2) managing program operations at sites during the period of program participation.

**SUMMER FOOD SERVICE PROGRAM FOR CHILDREN
DOCUMENTATION OF SITE VISIT FORM**

SFSP-R2
2/95

Directions: Complete two copies of this form. One copy of this form is to be left with the site supervisor; one copy of this form is to be submitted to the sponsor.

Date of Visit: _____

Monitor's arrival time: _____

Monitor's departure time: _____

Sponsor Name: _____

Agreement Number: _____

Site Name: _____

Site Number: _____

Site Address: _____

Telephone #: _____

Site Supervisor: _____

Purpose of Visit: ☐ Pre-Operational ☐ 1st Week

☐ Follow-up ☐ Problem Investigation

Name/Title of person contacted at site: _____

SITE TYPE: ☐ Open/Area/Homeless ☐ Closed/Enrolled ☐ Migrant ☐ Residential Camp ☐ Non-Residential Camp

APPROVED MEAL SERVICE : Indicate approved meal type(s)/maximum approved level of meal service

BREAKFAST _____ AM SUPPLEMENT _____ LUNCH _____ PM SUPPLEMENT _____ SUPPER _____

PRE-OPERATIONAL VISIT (Complete this section when assessing site appropriateness for operation in the Summer Food Service Program. ALL sponsors MUST visit ALL sites prior to program operation. Please keep this form on file as documentation of visit.)

Yes No

☐ ☐ Site has been visited and is capable of conducting a food service operation under the Summer Food Service Program.

☐ ☐ Site supervisor has attended a mandatory sponsor training session.

1st WEEK VISIT /FOLLOW-UP VISIT FINDINGS: (Complete this section when conducting a 1st week visit, follow-up or problem investigation. All sponsors must visit each site at least once during the first week of operation.)

☐ ☐ Site has been visited and food service is operating smoothly.

Explain any "No" answer: _____

Comments on Operation of Site (use additional page if necessary): _____

Corrective Action Taken (use additional page if necessary): _____

Site Supervisor's Signature

Monitor's Signature

BENEFICIARY DATA FORM

Directions: This form must be completed at each site at least once during the site's operation to report the racial/ethnic category of participating children. You are to determine a child's racial/ethnic category visually, or if necessary, consult a child's parents for identification **only** after you have explained to them, and they understand, that this information is collected strictly for statistical reporting requirements and has no effect on the determination of their eligibility to receive benefits under the program.

Sponsor Name _____

Site Name _____

Site Address _____

Site Supervisor _____

RACIAL/ETHNIC CATEGORY**NUMBER OF
PARTICIPATING CHILDREN**

American Indian or Alaskan Native (A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).)

Asian or Pacific Islander (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa.)

Black (not of Hispanic origin) (A person having origins in the black racial groups of Africa.)

Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

White (not of Hispanic origin) (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Monitor's Signature_____
Date

**SUMMER FOOD SERVICE PROGRAM FOR CHILDREN
DOCUMENTATION OF SITE VISIT FORM - PREOPERATIONAL VISIT**

SFSP-R2a
2/95

Directions: Complete two copies of this form. One copy of this form is to be left with the site supervisor; one copy of this form is to be submitted to the sponsor.

Date of Visit: _____

Monitor's arrival time: _____

Monitor's departure time: _____

Sponsor Name: _____

Agreement Number: _____

Site Name: _____

Site Number: _____

Site Address: _____

Telephone #: _____

Site Supervisor: _____

Purpose of Visit: ☐ Pre-Operational ☐ 1st Week

☐ Follow-up ☐ Problem Investigation

Name/Title of person contacted at site: _____

SITE TYPE: ☐ Open/Area/Homeless ☐ Closed/Enrolled ☐ Migrant ☐ Residential Camp ☐ Non-Residential Camp

APPROVED MEAL SERVICE : Indicate approved meal type(s)/maximum approved level of meal service

BREAKFAST _____ AM SUPPLEMENT _____ LUNCH _____ PM SUPPLEMENT _____ SUPPER _____

PRE-OPERATIONAL VISIT FINDINGS:

Assessment of site appropriateness for operation in the Summer Food Service Program. ALL sponsors MUST visit ALL sites prior to program operation. Please keep this form on file as documentation of visit.

Yes

No

☐☐

Site has been visited and is capable of conducting a food service operation under the Summer Food Service Program.

☐☐

Site supervisor has attended a mandatory sponsor training session.

COMMENTS: _____

Site Supervisor's Signature

Monitor's Signature

BENEFICIARY DATA FORM

Directions: This form must be completed at each site at least once during the site's operation to report the racial/ethnic category of participating children. You are to determine a child's racial/ethnic category visually, or if necessary, consult a child's parents for identification **only** after you have explained to them, and they understand, that this information is collected strictly for statistical reporting requirements and has no effect on the determination of their eligibility to receive benefits under the program.

Sponsor Name _____

Site Name _____

Site Address _____

Site Supervisor _____

RACIAL/ETHNIC CATEGORY

NUMBER OF PARTICIPATING CHILDREN

American Indian or Alaskan Native (A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).)

Asian or Pacific Islander (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa.)

Black (not of Hispanic origin) (A person having origins in the black racial groups of Africa.)

Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

White (not of Hispanic origin) (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Monitor's Signature

Date

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN
DOCUMENTATION OF SITE VISIT FORM-1st WEEK/FOLLOW-UP VISIT

SFSP-R2b
2/95

Directions: Complete two copies of this form. One copy of this form is to be left with the site supervisor; one copy of this form is to be submitted to the sponsor.

Date of Visit: _____

Monitor's arrival time: _____

Monitor's departure time: _____

Sponsor Name: _____

Agreement Number: _____

Site Name: _____

Site Number: _____

Site Address: _____

Telephone #: _____

Site Supervisor: _____

Purpose of Visit: ☐ Pre-Operational ☐ 1st Week

☐ Follow-up ☐ Problem Investigation

Name/Title of person contacted at site: _____

SITE TYPE: ☐ Open/Area/Homeless ☐ Closed/Enrolled ☐ Migrant ☐ Residential Camp ☐ Non-Residential Camp

APPROVED MEAL SERVICE : Indicate approved meal type(s)/maximum approved level of meal service

BREAKFAST _____ AM SUPPLEMENT _____ LUNCH _____ PM SUPPLEMENT _____ SUPPER _____

1st WEEK VISIT /FOLLOW-UP VISIT FINDINGS:

Complete this section at the time of conducting a 1st week visit or follow-up visit. All sponsors must visit each site at least once during the first week of operation.

YES NO

☐ ☐ Site has been visited and food service is operating smoothly.

Explain any "No" answer: _____

Comments on Operation of Site (use additional page if necessary): _____

Corrective Action Taken (use additional page if necessary): _____

Site Supervisor's Signature

Monitor's Signature

BENEFICIARY DATA FORM

Directions: This form must be completed at each site at least once during the site's operation to report the racial/ethnic category of participating children. You are to determine a child's racial/ethnic category visually, or if necessary, consult a child's parents for identification **only** after you have explained to them, and they understand, that this information is collected strictly for statistical reporting requirements and has no effect on the determination of their eligibility to receive benefits under the program.

Sponsor Name _____

Site Name _____

Site Address _____

Site Supervisor _____

RACIAL/ETHNIC CATEGORY

NUMBER OF PARTICIPATING CHILDREN

American Indian or Alaskan Native (A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).)

Asian or Pacific Islander (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa.)

Black (not of Hispanic origin) (A person having origins in the black racial groups of Africa.)

Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

White (not of Hispanic origin) (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Monitor's Signature

Date

BENEFICIARY DATA FORM

Directions: This form must be completed at each site at least once during the site's operation to report the racial/ethnic category of participating children. You are to determine a child's racial/ethnic category visually, or if necessary, consult a child's parents for identification **only** after you have explained to them, and they understand, that this information is collected strictly for statistical reporting requirements and has no effect on the determination of their eligibility to receive benefits under the program.

Sponsor Name _____

Site Name _____

Site Address _____

Site Supervisor _____

RACIAL/ETHNIC CATEGORY**NUMBER OF
PARTICIPATING CHILDREN**

American Indian or Alaskan Native (A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).)

Asian or Pacific Islander (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa.)

Black (not of Hispanic origin) (A person having origins in the black racial groups of Africa.)

Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

White (not of Hispanic origin) (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Monitor's Signature

Date

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN
MONITOR SITE REVIEW FORM
For On-Site Meal Preparation Sponsors

SFSP-R4
2/95

Directions: Complete two copies of this form. One copy of this form is to be left with the site supervisor; one copy of this form is to be submitted to the sponsor. Each site must be reviewed at least once during the first four (4) weeks of program operation.

Date of Review: _____

Monitor's arrival time: _____

Monitor's departure time: _____

Sponsor Name: _____

Agreement Number: _____

Site Name: _____

Site Number: _____

Site Address: _____

Telephone #: _____

Site Supervisor: _____

Name/Title of person contacted at site: _____

SITE TYPE: ☐ Open/Area/Homeless ☐ Closed/Enrolled ☐ Migrant ☐ Residential Camp ☐ Non-Residential Camp

APPROVED MEAL SERVICE : Indicate approved meal type(s)/maximum approved level of meal service

BREAKFAST _____ AM SUPPLEMENT _____ LUNCH _____ PM SUPPLEMENT _____ SUPPER _____

Attendance on Day of Visit _____ Number Eligible Children (Camps Only) _____

Meal Service Type(s) reviewed on day of visit: _____

TYPE OF MEAL OBSERVED

OPERATIONAL DATA

B

AM

L

PM

S

Meals prepared

Time(s) meal(s) served

Meals served as FIRSTS
to children

Meals served as SECONDS
to children

Meals served to program adults

Meals served to non-program adults

Meals left over/not served

MEAL TYPE OBSERVED:

FOOD ITEM	QUANTITY USED IN PREPARATION	ALLOWABLE SERVINGS PER UNIT	NUMBER OF SERVINGS		
			TOTAL AVAILABLE	TOTAL NEEDED	SHORT / OVI

- | | YES | NO | |
|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are meals served as a unit? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Do meals meet menu as planned? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Do meals meet all meal pattern requirements? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Are all children fed on-site? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Are meals planned and prepared with the objective of serving one meal per child? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Is the ratio of meals-served-as-seconds to meals-served-first excessive (over 2 % limit)? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Are accurate counts taken of all meals served? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Are food production records kept? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Is an inventory record being kept? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Is required health department certification available for inspection? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Is there proper sanitation and storage? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Are receiving reports and purchase invoices kept? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Does food service staffing pattern correspond to that listed on approved site information sheet? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Has site supervisor attended a mandatory training session held by sponsor? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Are program aids/handbooks being used? |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Are meals served within approved time frames? |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Are records of adult meals kept? |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Is there documentation of children eligible for free or reduced price meals, if applicable? |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Is there a non-discrimination poster, provided by the sponsor, on display in a prominent place? |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Are meals served to all attending children regardless of the child's race, color, national origin, sex, age or handicap? |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Do all children have equal access to services and facilities at the site regardless of race, color, national origin, sex, age, or handicap? |

Explain ALL "NO" answers below:

Corrective Action discussed with (Name and Title):

Corrective Action Taken (use additional page if necessary):

Site Supervisor's Comments:

Further action needed by (date):

I certify that the above information is correct.

Monitor's Signature

Site Supervisor's Signature

Date

Date

Sponsor Representative's Signature

Date Reviewed by
Sponsor Representative

BENEFICIARY DATA FORM

Directions: This form must be completed at each site at least once during the site's operation to report the racial/ethnic category of participating children. You are to determine a child's racial/ethnic category visually, or if necessary, consult a child's parents for identification **only** after you have explained to them, and they understand, that this information is collected strictly for statistical reporting requirements and has no effect on the determination of their eligibility to receive benefits under the program.

Sponsor Name _____

Site Name _____

Site Address _____

Site Supervisor _____

RACIAL/ETHNIC CATEGORY**NUMBER OF
PARTICIPATING CHILDREN**

American Indian or Alaskan Native (A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).)

Asian or Pacific Islander (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa.)

Black (not of Hispanic origin) (A person having origins in the black racial groups of Africa.)

Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

White (not of Hispanic origin) (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Monitor's Signature_____
Date

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN

MONITOR SITE REVIEW FORM

For Central Kitchen Preparation Sponsors

SFSP-R5
2/95

Directions: Complete two copies of this form. One copy of this form is to be left with the site supervisor; one copy of this form is to be submitted to the sponsor. Each site must be reviewed at least once during the first four (4) weeks of program operation.

Date of Review: _____

Monitor's arrival time: _____

Monitor's departure time: _____

Sponsor Name: _____

Agreement Number: _____

Site Name: _____

Site Number: _____

Site Address: _____

Site Telephone #: _____

Site Supervisor: _____

Name/Title of person contacted at site: _____

SITE TYPE: ☐ Open/Area/Homeless ☐ Closed/Enrolled ☐ Migrant ☐ Residential Camp ☐ Non-Residential Camp

APPROVED MEAL SERVICE : Indicate approved meal types(s)/maximum approved level of meal service

BREAKFAST _____ AM SUPPLEMENT _____ LUNCH _____ PM SUPPLEMENT _____ SUPPER _____

Attendance on Day of Visit _____ Number Eligible Children (Camps Only) _____

Meal Service Type(s) reviewed on day of visit: _____

TYPE OF MEAL OBSERVED

OPERATIONAL DATA

B

AM

L

PM

S

Meals delivered _____

Time(s) meal(s) delivered _____

Time(s) meal(s) served _____

Meals served as FIRSTS
to children _____

Meals served as SECONDS
to children _____

Meals served to program adults _____

Meals served to non-program adults _____

Meals left over _____

MAJOR VIOLATIONS**ACTUAL COUNT****TYPE OF MEAL**

1. Adult meals included in count of meals served to children
2. Off-site consumption (children)
3. Children served more than one meal at a time
4. Meals served not in compliance with meal pattern
5. Meals not served as a unit
6. Meals not served at designated times

CHECK AT RIGHT IF FOLLOWING APPLY (Explain any item checked)

7. No meal service records
8. Incomplete meal service records
9. Poor sanitation
10. Other (specify):

☐
☐
☐
☐

YES**NO**

- | | | | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Does food service staffing pattern correspond to that listed on approved site information sheet? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Has site supervisor attended a mandatory training session held by sponsor? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Does site supervisor use site handbook? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Does site have sufficient food service supervision? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Are meals counted before signing delivery receipt? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Are meal counts taken of meals served (at point of service)? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Do meals meet approved menu as planned? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Do meals meet all meal pattern requirements? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Are meals checked for quality? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Is there proper sanitation/storage? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Is the ratio of meals-served-as-seconds to meals-first-served excessive (over 2% limit)? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Is site supervisor following procedures established to make meal order adjustments? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Are meals served within approved time frames? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Does site have a place to serve meals in case of inclement weather? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Is each meal served as a unit? |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Is the meal delivery schedule followed? |

YES

NO

- | | | | |
|-----|--------------------------|--------------------------|--|
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Are there provisions for storing or returning excess meals? |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Is there documentation of children eligible for free or reduced-price meals, if applicable? |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent location? |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Are meals served to all attending children regardless of the child's race, color, national origin, sex, age or handicap? |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Do all children have equal access to services and facilities at the site regardless of race, color, national origin, sex, age or handicap? |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Is informational material concerning the availability and nutritional benefits of the program available in appropriate translations? |

Explain ALL "NO" answers below:

Corrective Action discussed with (Name and Title): _____

Corrective Action Taken (use additional page if necessary):

Site Supervisor's Comments:

Further action needed by (date): _____

I certify that the above information is correct.

Monitor's Signature

Site Supervisor's Signature

Date

Date

Sponsor Representative's Signature

Date Reviewed by
Sponsor Representative

THE UNIVERSITY OF CHICAGO

PHILOSOPHY DEPARTMENT

1. The first part of the course will be devoted to a study of the foundations of philosophy. We will begin with a discussion of the nature of philosophy and the role of the philosopher. We will then turn to a study of the major philosophical traditions, including ancient Greek philosophy, medieval philosophy, and modern philosophy. We will also examine the development of philosophy in the United States and Europe.

2. The second part of the course will be devoted to a study of the philosophy of language. We will begin with a discussion of the philosophy of language and the role of language in philosophy. We will then turn to a study of the major philosophical traditions, including ancient Greek philosophy, medieval philosophy, and modern philosophy. We will also examine the development of philosophy in the United States and Europe.

3. The third part of the course will be devoted to a study of the philosophy of mind. We will begin with a discussion of the philosophy of mind and the role of mind in philosophy. We will then turn to a study of the major philosophical traditions, including ancient Greek philosophy, medieval philosophy, and modern philosophy. We will also examine the development of philosophy in the United States and Europe.

4. The fourth part of the course will be devoted to a study of the philosophy of science. We will begin with a discussion of the philosophy of science and the role of science in philosophy. We will then turn to a study of the major philosophical traditions, including ancient Greek philosophy, medieval philosophy, and modern philosophy. We will also examine the development of philosophy in the United States and Europe.

5. The fifth part of the course will be devoted to a study of the philosophy of ethics. We will begin with a discussion of the philosophy of ethics and the role of ethics in philosophy. We will then turn to a study of the major philosophical traditions, including ancient Greek philosophy, medieval philosophy, and modern philosophy. We will also examine the development of philosophy in the United States and Europe.

BENEFICIARY DATA FORM

Directions: This form must be completed at each site at least once during the site's operation to report the racial/ethnic category of participating children. You are to determine a child's racial/ethnic category visually, or if necessary, consult a child's parents for identification **only** after you have explained to them, and they understand, that this information is collected strictly for statistical reporting requirements and has no effect on the determination of their eligibility to receive benefits under the program.

Sponsor Name _____

Site Name _____

Site Address _____

Site Supervisor _____

RACIAL/ETHNIC CATEGORY

NUMBER OF PARTICIPATING CHILDREN

American Indian or Alaskan Native (A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).)

Asian or Pacific Islander (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa.)

Black (not of Hispanic origin) (A person having origins in the black racial groups of Africa.)

Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

White (not of Hispanic origin) (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Monitor's Signature

Date

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN

MONITOR SITE REVIEW FORM

For FSMC Vended Sponsors

SFSP-R6
2/95

Directions: Complete two copies of this form. One copy of this form is to be left with the site supervisor; one copy of this form is to be submitted to the sponsor. Each site must be reviewed at least once during the first four (4) weeks of program operation.

Date of Review: _____

Monitor's arrival time: _____

Monitor's departure time: _____

Sponsor Name: _____

Agreement Number: _____

Site Name: _____

Site Number: _____

Site Address: _____

Site Telephone #: _____

Site Supervisor: _____

Name/Title of person contacted at site: _____

SITE TYPE: ☐ Open/Area/Homeless ☐ Closed/Enrolled ☐ Migrant ☐ Residential Camp ☐ Non-Residential Camp

APPROVED MEAL SERVICE : Indicate approved meal types(s)/maximum approved level of meal service

BREAKFAST _____ AM SUPPLEMENT _____ LUNCH _____ PM SUPPLEMENT _____ SUPPER _____

Attendance on Day of Visit _____ Number Eligible Children (Camps Only) _____

Meal Service Type(s) reviewed on day of visit: _____

TYPE OF MEAL OBSERVED

OPERATIONAL DATA

B

AM

L

PM

S

# Meals delivered	_____	_____	_____	_____	_____
-------------------	-------	-------	-------	-------	-------

Time(s) meal(s) delivered	_____	_____	_____	_____	_____
---------------------------	-------	-------	-------	-------	-------

Time(s) meal(s) served	_____	_____	_____	_____	_____
------------------------	-------	-------	-------	-------	-------

# Meals served as FIRSTS to children	_____	_____	_____	_____	_____
---	-------	-------	-------	-------	-------

# Meals served as SECONDS to children	_____	_____	_____	_____	_____
--	-------	-------	-------	-------	-------

# Meals served to program adults	_____	_____	_____	_____	_____
----------------------------------	-------	-------	-------	-------	-------

# Meals served to non-program adults	_____	_____	_____	_____	_____
--------------------------------------	-------	-------	-------	-------	-------

# Meals left over	_____	_____	_____	_____	_____
-------------------	-------	-------	-------	-------	-------

MAJOR VIOLATIONS**ACTUAL COUNT****TYPE OF MEAL**

1. Adult meals included in count of meals served to children

2. Off-site consumption (children)

3. Children served more than one meal at a time

4. Meals served not in compliance with meal pattern

5. Meals not served as a unit

6. Meals not served at designated times

CHECK AT RIGHT IF FOLLOWING APPLY (Explain any item checked)

7. No meal service records

☐

8. Incomplete meal service records

☐

9. Poor sanitation

☐

10. Other (specify):

☐

YES**NO**

1.

☐☐

Does food service staffing pattern correspond to that listed on approved site information she

2.

☐☐

Has site supervisor attended a mandatory training session held by sponsor?

3.

☐☐

Does site supervisor use site handbook?

4.

☐☐

Does site have sufficient food service supervision?

5.

☐☐

Are meals counted before signing delivery receipt?

6.

☐☐

Are meal counts taken of meals served (at point of service)?

7.

☐☐

Do meals meet approved menu as planned?

8.

☐☐

Do meals meet all meal pattern requirements?

9.

☐☐

Are meals checked for quality?

10.

☐☐

Is there proper sanitation/storage?

11.

☐☐

Is the ratio of meals-served-as-seconds to meals-first-served excessive (over 2% limit)?

12.

☐☐

Is site supervisor following procedures established to make meal order adjustments?

13.

☐☐

Are meals served within approved time frames?

14.

☐☐

Does site have a place to serve meals in case of inclement weather?

15.

☐☐

Is each meal served as a unit?

16.

☐☐

Is the meal delivery schedule followed?

YES

NO

- | | | | |
|-----|--------------------------|--------------------------|--|
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Are there provisions for storing or returning excess meals? |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Is there documentation of children eligible for free or reduced-price meals, if applicable? |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent location? |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Are meals served to all attending children regardless of the child's race, color, national origin, sex, age or handicap? |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Do all children have equal access to services and facilities at the site regardless of race, color, national origin, sex, age or handicap? |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Is informational material concerning the availability and nutritional benefits of the program available in appropriate translations? |

Explain ALL "NO" answers below:

Corrective Action discussed with (Name and Title): _____

Corrective Action Taken (use additional page if necessary):

Site Supervisor's Comments:

Further action needed by (date): _____

I certify that the above information is correct.

Monitor's Signature

Site Supervisor's Signature

Date

Date

Sponsor Representative's Signature

Date Reviewed by
Sponsor Representative

BENEFICIARY DATA FORM

Directions: This form must be completed at each site at least once during the site's operation to report the racial/ethnic category of participating children. You are to determine a child's racial/ethnic category visually, or if necessary, consult a child's parents for identification **only** after you have explained to them, and they understand, that this information is collected strictly for statistical reporting requirements and has no effect on the determination of their eligibility to receive benefits under the program.

Sponsor Name _____

Site Name _____

Site Address _____

Site Supervisor _____

RACIAL/ETHNIC CATEGORY**NUMBER OF
PARTICIPATING CHILDREN**

American Indian or Alaskan Native (A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).)

Asian or Pacific Islander (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa.)

Black (not of Hispanic origin) (A person having origins in the black racial groups of Africa.)

Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

White (not of Hispanic origin) (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Monitor's Signature_____
Date

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN
WEEKLY MEAL SERVICE REPORT
ON SITE PREPARATION SPONSORS (NON-CAMP)

FSP-M4

Sponsor Name _____ Week Of: _____

Site Name _____ Site Supervisor _____

Site Address _____

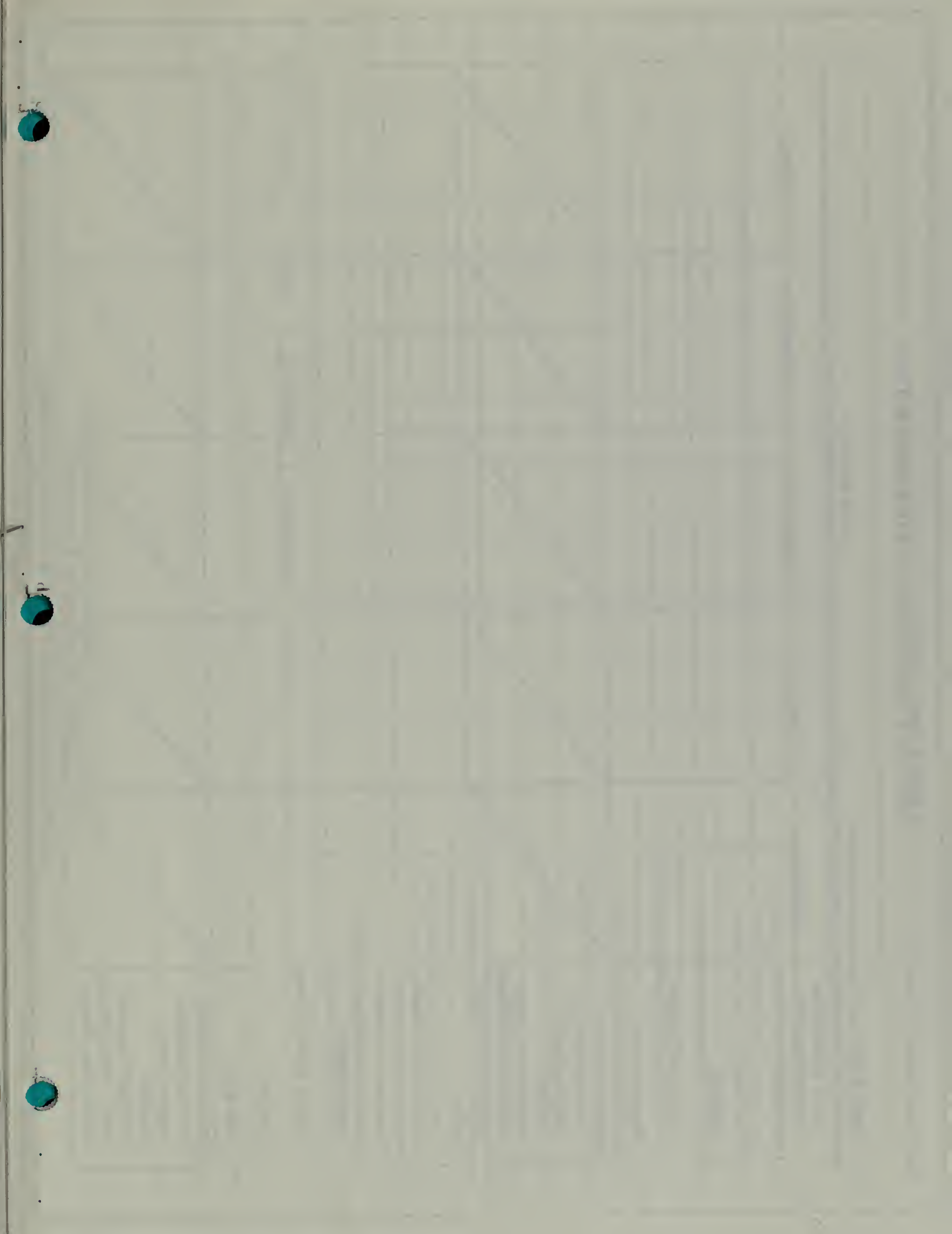
	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		WEEKLY TOTALS	
	M	T	W	TH	F	TOTAL	M	T	W	TH	F	TOTAL
MEAL TYPES SERVED (Indicate meal types in boxes at right)												
CHILDREN IN ATTENDANCE												
MEALS PREPARED ON SITE												
MEALS SERVED TO CHILDREN AS FIRSTS												
MEALS SERVED TO CHILDREN AS SECONDS												
MEALS SERVED TO PROGRAM ADULTS												
MEALS SERVED TO NON-PROGRAM ADULTS												

FOOD SERVICE LABOR TIME REPORT

Name/Title of Food Service Employee	Total Hours Worked in Food Service					Hourly Wage	Total Amount Claimable
	M	T	W	TH	F	TOTAL	

I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

SITE SUPERVISOR'S SIGNATURE _____ DATE _____



MENU PLANNING WORKSHEET

SITE NAME:					
WEEK OF:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
USDA Summer Food Service Program for Children Meal Pattern					
BREAKFAST					
Fluid Milk					
Fruit and/or Vegetable					
Bread or Cereal					
MORNING SNACK (Serve any two of the following foods): Fluid Milk Fruit and/or Vegetable Bread or Bread Alternate Meat or Meat Alternate					
LUNCH					
Meat or Meat Alternate					
Fruit and/or Vegetable (Two or more different food selections)					
Bread or Bread Alternate					
Fluid Milk					
Other foods					
AFTERNOON SNACK (Serve any two of the following foods): Fluid Milk Fruit and/or Vegetable Bread or Bread Alternate Meat or Meat Alternate					

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN
WEEKLY MEAL SERVICE REPORT
CENTRAL KITCHEN PREPARATION SPONSORS

SFSP-M5

Sponsor Name _____ Week Of: _____

Site Name _____ Site Supervisor _____

Site Address _____

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		WEEKLY TOTALS	
MEAL TYPES SERVED (Indicate meal types in boxes at right)												
MEALS DELIVERED TO SITE												
MEALS HELD OVER FROM PREVIOUS DAY												
TOTAL MEALS AVAILABLE FOR SERVICE												
CHILDREN IN ATTENDANCE												
MEALS SERVED TO CHILDREN AS FIRSTS												
MEALS SERVED TO CHILDREN AS SECONDS												
MEALS SERVED TO PROGRAM ADULTS												
MEALS SERVED TO NON-PROGRAM ADULTS												
MEALS HELD OVER FOR NEXT DAY												
MEALS DISCARDED (cannot be claimed)												
INCOMPLETE MEALS (cannot be claimed)												

I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

SITE SUPERVISOR'S SIGNATURE _____ DATE _____

MENU PLANNING WORKSHEET

WEEK OF:		SITE NAME:			
USDA Summer Food Service Program for Children Meal Pattern	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST					
Fluid Milk					
Fruit and/or Vegetable					
Bread or Cereal					
MORNING SNACK (Serve any two of the following foods): Fluid Milk Fruit and/or Vegetable Bread or Bread Alternate Meat or Meat Alternate					
LUNCH					
Meat or Meat Alternate					
Fruit and/or Vegetable (Two or more different food selections)					
Bread or Bread Alternate					
Fluid Milk					
Other Foods					
AFTERNOON SNACK (Serve any two of the following foods): Fluid Milk Fruit and/or Vegetable Bread or Bread Alternate Meat or Meat Alternate					

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN
WEEKLY MEAL SERVICE REPORT
FSMC VENDED SPONSORS

SFSP-M6

Sponsor Name _____

Week Of: _____

Site Name _____

Site Supervisor _____

Site Address _____

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		WEEKLY TOTALS	
MEAL TYPES SERVED (Indicate meal types in boxes at right)												
MEALS DELIVERED TO SITE												
MEALS HELD OVER FROM PREVIOUS DAY												
TOTAL MEALS AVAILABLE FOR SERVICE												
CHILDREN IN ATTENDANCE												
MEALS SERVED TO CHILDREN AS FIRSTS												
MEALS SERVED TO CHILDREN AS SECONDS												
MEALS SERVED TO PROGRAM ADULTS												
MEALS SERVED TO NON-PROGRAM ADULTS												
MEALS HELD OVER FOR NEXT DAY												
MEALS DISCARDED (cannot be claimed)												
INCOMPLETE MEALS (cannot be claimed)												

I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

SITE SUPERVISOR'S SIGNATURE _____ DATE _____

MENU PLANNING WORKSHEET

WEEK OF:		SITE NAME:			
USDA Summer Food Service Program for Children Meal Pattern	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST					
Fluid Milk					
Fruit and/or Vegetable					
Bread or Cereal					
MORNING SNACK (Serve any two of the following foods): Fluid Milk Fruit and/or Vegetable Bread or Bread Alternate Meat or Meat Alternate					
LUNCH					
Meat or Meat Alternate					
Fruit and/or Vegetable (Two or more different food selections)					
Bread or Bread Alternate					
Fluid Milk					
Other foods					
AFTERNOON SNACK (Serve any two of the following foods): Fluid Milk Fruit and/or Vegetable Bread or Bread Alternate Meat or Meat Alternate					

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN
WEEKLY MEAL SERVICE REPORT
RESIDENTIAL/NON-RESIDENTIAL CAMPS

SFSP-M7

SPONSOR NAME/AGREEMENT NUMBER _____ SESSION NUMBER/WEEK OF: _____

CAMP NAME/SITE NUMBER _____ CAMP SUPERVISOR'S NAME _____

	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY			SUNDAY			WEEKLY TOTALS				
	B	L	SN	S	B	L	SN	S	B	L	SN	S	B	L	SN	S	B	L	SN	S	B	L	SN	S		
A.) # MEALS SERVED TO ALL ENROLLED CHILDREN																										
B.) # ELIGIBLE CHILDREN ENROLLED IN THIS SESSION																										
C.) # ELIGIBLE CHILDREN NOT PRESENT AT MEAL																										
D.) # CLAIMABLE MEALS SERVED = B MINUS C																										
E.) # MEALS SERVED TO PROGRAM ADULTS																										
F.) # MEALS SERVED TO NON-PROGRAM ADULTS																										

Camp Attendance and Camp Enrollment Summary Data must be available to support meals claimed for eligible children. I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

CAMP SUPERVISOR'S SIGNATURE

DATE



SAMPLE FORM ONLY DO NOT USE!

WEEK OF:	MENU PLANNING WORKSHEET					SITE NAME:	
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
USDA Summer Food Service Program for Children Meal Pattern							
BREAKFAST Fluid Milk							
Fruit and/or Vegetable							
Bread or Cereal							
AM OR PM SNACK (Serve any two of the following foods): Fluid Milk Fruit and/or Vegetable Bread or Bread Alternate Meat or Meat Alternate							
LUNCH Meat or Meat Alternate							
Fruit and/or Vegetable (Two or more different food selections)							
Bread or Bread Alternate							
Fluid Milk							
Other foods							
SUPPER Meat or Meat Alternate							
Fruit and/or Vegetable (Two or more different food selections)							
Bread or Bread Alternate							
Fluid Milk							
Other foods							

ON SITE FOOD INVENTORY RECORD

Name of Site: _____

Inventory Period: _____ Value of Beginning Inventory: _____

Food Item	Purchase Unit (i.e. lbs, cans, cases, etc.)	Unit Cost*	Quantity on hand	Value of Food on hand

To Determine Monthly Cost of Food Used:

Total Value of Food on Hand
(Closing Inventory**): \$

Value of Beginning Inventory \$

Food Purchases + =

Closing Inventory -

COST OF FOOD USED =

* Use invoices to determine the unit cost per item and total food purchases for the reporting period.

** The closing inventory for one month becomes the Beginning Inventory for the next month.

DELIVERY SLIP

DELIVERY SLIP

Sponsor: _____ Date: _____
Time Delivered: _____

Sponsor: _____ Date: _____
Time Delivered: _____

Site Name and #: _____
Site Supervisor: _____

Site Name and #: _____
Site Supervisor: _____

<u>Circle one</u> MENU: B AM L PM	# Received	Comments(Indicate OK, Item(s) not received, Spoilage, Crushed, Portion size too small, etc.)

<u>Circle one</u> MENU: B AM L PM	# Received	Comments(Indicate OK, Item(s) not received, Spoilage, Crushed, Portion size too small, etc.)

TOTAL COMPLETE MEALS ACCEPTED: _____ # OF MEALS REFUSED: _____

TOTAL COMPLETE MEALS ACCEPTED: _____ # OF MEALS REFUSED: _____

<u>Circle one</u> MENU: B AM L PM	# Received	Comments(Indicate OK, Item(s) not received, Spoilage, Crushed, Portion size too small, etc.)

<u>Circle one</u> MENU: B AM L PM	# Received	Comments(Indicate OK, Item(s) not received, Spoilage, Crushed, Portion size too small, etc.)

TOTAL COMPLETE MEALS ACCEPTED: _____ # OF MEALS REFUSED: _____

TOTAL COMPLETE MEALS ACCEPTED: _____ # OF MEALS REFUSED: _____

Signature of Site Person Checking Meals: _____

Signature of Site Person Checking Meals: _____

NEXT DAY'S MEAL ORDER: _____ Date _____

NEXT DAY'S MEAL ORDER: _____ Date _____

Deliver: _____ B _____ AM Snack _____ L _____ PM Snack

Deliver: _____ B _____ AM Snack _____ L _____ PM Snack

DAILY FOOD PRODUCTION RECORD

P-FPR

(1) SITE NAME _____ (2) DATE _____

MENU (3)	FOODS USED (4)	QUANTITY USED (5)	SERVING SIZE (6)	NUMBER SERVED		
				CHILDREN (7)	PROGRAM (8)	TOTAL (9)
B R E A K F A S T						
S N A C K						
L U N C H						
S N A C K						

DAILY FOOD PRODUCTION RECORD

Directions: Food Service personnel must complete the Food Production Record each day and sponsors must maintain this record in their files for a minimum of 3 years. This provides an auditable record that verifies that the meals and snacks served meet the meal or snack requirements and, therefore, qualify for reimbursement.

ITEM NO.

INSTRUCTION

1. Name of the site

2. Write the calendar date this menu is served, showing month, day, and year.

3. Record all menu items you serve on this date in the appropriate section.

4. Enter the name of each food used to meet meal or snack requirements. For example, with a menu item like beef pot pie, the foods that meet the meal requirements at lunch or supper are as follows: stew beef fulfills the meat/meat alternate requirement; potatoes and carrots in the pie meet part of the fruit/vegetable requirement; and the pie crust meets part or all of the bread/bread alternate requirement. Additional food items used in the meals may also be listed.

5. Enter quantity of each ingredient or food used in each meal to meet the meal requirements. Use weights, measures, or number. For example, list stew beef, 10 lbs; potatoes, 3 lbs; etc.

6. Enter the portion or serving size of each menu item you serve (5-ounce serving of pie, 1/2 cup juice, etc.). Serving sizes can be shown in measures (such as cup measures, scoop size, ladle size), weight, or number (such as number of apples).

7. Enter the number of children served at each meal or snack.

8. Enter the number of program adults served at each meal or snack.

9. Enter the total number of persons served at each meal and/or snack.

While SFSP sponsors are reimbursed only for meals served to participating children, at sponsor discretion adults working in the food service operation (program adults) may be allowed to eat meals. If these adults are served meals, production records must reflect the amount of food used to prepare meals for children and program adults.

DAILY FOOD PRODUCTION RECORD

2-FPR

(1) SITE NAME _____

(2) DATE _____

MENU (3)	FOODS USED (4)	QUANTITY USED (5)	SERVING SIZE (6)	NUMBER SERVED		
				CHILDREN (7)	PROGRAM (8)	TOTAL (9)
B R E A K F A S T						
L U N C H						

DAILY FOOD PRODUCTION RECORD

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DAILY FOOD PRODUCTION RECORD

SP-FPR

(1) SITE NAME

(2) DATE

MENU (3)	FOODS USED (4)	QUANTITY USED (5)	SERVING SIZE (6)	NUMBER SERVED		
				CHILDREN (7)	PROGRAM (8)	TOTAL (9)
B R E A K F A S T						
L U N C H						
S U P P E R						

DAILY FOOD PRODUCTION RECORD

Directions: Food Service personnel must complete the Food Production Record each day and sponsors must maintain this record in their files for a minimum of 3 years. This provides an auditable record that verifies that the meals and snacks served meet the meal or snack requirements and, therefore, qualify for reimbursement.

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DAILY FOOD PRODUCTION RECORD

3P-FPR

(1) SITE NAME _____ (2) DATE _____

MENU (3)	FOODS USED (4)	QUANTITY USED (5)	SERVING SIZE (6)	NUMBER SERVED		
				CHILDREN (7)	PROGRAM (8)	TOTAL (9)
B R E A K F A S T						
L U N C H						
S N A C K						

DAILY FOOD PRODUCTION RECORD

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DAILY FOOD PRODUCTION RECORD

SP-FPR

(1) SITE NAME _____ (2) DATE _____

MENU (3)	FOODS USED (4)	QUANTITY USED (5)	SERVING SIZE (6)	NUMBER SERVED		
				CHILDREN (7)	PROGRAM (8)	TOTAL (9)
LUNCH						
SNACK						

DAILY FOOD PRODUCTION RECORD

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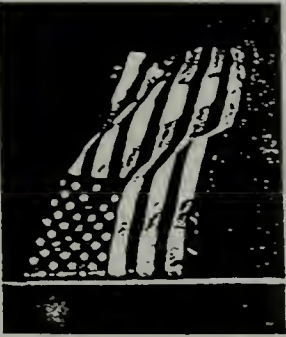

ITEM NO.

INSTRUCTION

- | | |
|----|--|
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FIELD TRIP SCHEDULE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<div>May 1995</div> <div> <div>s</div> <div>m</div> <div>t</div> <div>w</div> <div>t</div> <div>f</div> <div>s</div> </div> <div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>15</div> <div>16</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div> <div>26</div> <div>27</div> <div>28</div> <div>29</div> <div>30</div> <div>31</div> </div>	<div>July 1995</div> <div> <div>s</div> <div>m</div> <div>t</div> <div>w</div> <div>t</div> <div>f</div> <div>s</div> </div> <div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>15</div> <div>16</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div> <div>26</div> <div>27</div> <div>28</div> <div>29</div> <div>30</div> <div>31</div> </div>			<div>1</div>	<div>2</div>	<div>3</div>
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

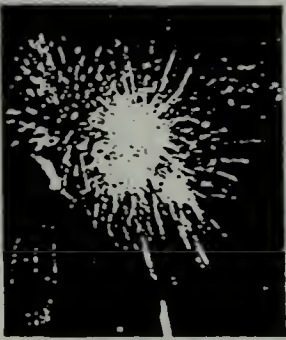

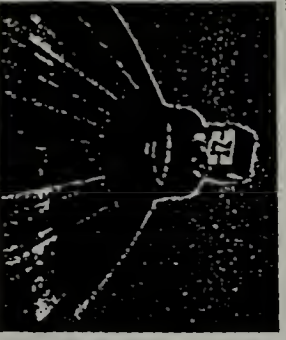

St-Jean (Québec)



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June 1995

FIELD TRIP SCHEDULE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<div>June 1995</div> <div> <div>s m t w t f s</div> <div>1 2 3</div> <div>4 5 6 7 8 9 10</div> <div>11 12 13 14 15 16 17</div> <div>18 19 20 21 22 23 24</div> <div>25 26 27 28 29 30</div> </div>	<div>August 1995</div> <div> <div>s m t w t f s</div> <div>1 2 3 4 5</div> <div>6 7 8 9 10 11 12</div> <div>13 14 15 16 17 18 19</div> <div>20 21 22 23 24 25 26</div> <div>27 28 29 30 31</div> </div>					1 Canada Day (Canada)
2	3	4 Independence Day	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24			●		
30	31	25	26	27	28	29

July 1995


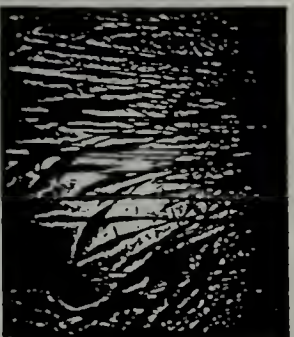


FIELD TRIP SCHEDULE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
July 1995 s m t w t f s 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	September 1995 s m t w t f s 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



August 1995

FIELD TRIP SCHEDULE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
August 1995 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	October 1995 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31				1 	2 
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
						
24	25	26	27	28	29	30

September 1995

